

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

*Noted*  
Do not use this space.

31047

**1. PLACE OF DEATH**

County Greene Registration District No. 318  
Township Springfield Primary Registration District No. 2001  
City Springfield No. 2040 N. Benton

File No. \_\_\_\_\_  
Registered No. 707  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 2040 N. Benton St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 27-1873</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>0</u>
	DAYS <u>0</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>House Keeping</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27, 1931  
22. I HEREBY CERTIFY, that I attended deceased from Aug 10, 1931, to Sept 27, 1931  
I last saw him alive on Sept 20, 1931 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis  
23  
Other contributory causes of importance:  
23

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	13. NAME <u>John Hicks</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>
	15. MAIDEN NAME <u>Lucinda Hanson</u>
INFORMANT	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	17. INFORMANT <u>Jay Shelton</u> <u>Marionville Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hill Cemetery</u> DATE <u>Sept 28</u> , 19 <u>31</u>	
19. UNDERTAKER <u>W. H. Hines &amp; Co.</u> (ADDRESS) <u>Springfield Mo.</u>	
20. FILED <u>9-28</u> , 19 <u>31</u> <u>Jon Sharp</u> Registrar.	

0 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis clinical (Was there an autopsy?) no  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) W. D. Bell, M. D.  
(Address) Springfield Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 28 1931

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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