

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

Do not use this space.

32747

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **701**
Primary Registration District No. **1003**

File No.....
Registered No. **9610**
St. Ward)

2. FULL NAME

(a) Residence, No. **1325 N. Harrison St.** Ward. **21**
(Usual place of abode)

Length of residence in city or town where death occurred **3** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **Col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **9-26-1904**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 11 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Work**
10. Date deceased last worked at this occupation (month and year) **unknown**
11. Total time (years) spent in this occupation **unknown**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ark**

13. NAME **West Garrison**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ark**

15. MAIDEN NAME **Liza Ross**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ark**

17. INFORMANT (ADDRESS) **A Kathryn Creath City Hospital #2**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Hermitage Ark** DATE **Sept 12 1931**

19. UNDERTAKER (ADDRESS) **J. D. Greene 2915 Franklin Ave**

20. FILED **SEP 12 1931** **W. C. Starnes** Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9-8-1931**

22. I HEREBY CERTIFY, That I attended deceased from **8-27-1931** to **9-8-1931**. Death is said to have occurred on **9-8-1931** at **2:15** m. I last saw him alive on **9-8-1931**. The principal cause of death and related causes of importance were as follows:

Obstruction due to Operation for Appendicitis
Dissected Peritonitis
12 1/2 hrs
Other contributory causes of importance: **Intestinal Obstruction**

Name of operation **Cholec.** Date of **9-8-31**
What test confirmed diagnosis? **Cholec.** 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) **George Hampton**, M. D. (Address) **City Hospital #2**

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

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.

