

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

W. Hoyle
Do not use this space.

34161

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Springfield Primary Registration District No. 204
City Springfield (No. 1) State Hosp. St. _____ Ward _____

File No. _____
Registered No. 717

2. FULL NAME

(a) Residence, No. 716 N. Douglas 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 F 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 10 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 5 22

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER 13. NAME Richard Long

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER 15. MAIDEN NAME Martha Kelsey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT Franka Evans
(ADDRESS) 4334 W. Pine, City

18. BURIAL, CREMATION, OR REMOVAL Oakland Cem. Springfield DATE Oct 5 1931

19. UNDERTAKER J. H. Johnson
(ADDRESS) Springfield, Mo.

20. FILED 10-3 19 31 W. Hoyle Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-2-1931

22. I HEREBY CERTIFY, That I attended deceased from 10-1-1931 to 10-2-1931
I last saw h alive on 10-2-1931. Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction 9/25-31
Cause - undetermined

Other contributory causes of importance:
12 203

Name of operation _____ Date of _____
What test confirmed diagnosis? examined Was there an autopsy? h

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? h
If so, specify _____
(Signed) W. Hoyle, M. D.
(Address) N. Halladay, 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.

NOV 24 1931

