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

Do not use this space.

34201

1. PLACE OF DEATH
County Greene — Registration District No. 38 — File No. 766
Township — Primary Registration District No. 2001 — Registered No.
City Springfield (No. Springfield Hospital St. Ward)

2. FULL NAME Mary Cleada House
(a) Residence, No. Billings Mo St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3. 1922

7. AGE: Years 8 — Months 11 — Days 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) Billings Mo

FATHER
13. NAME Hubert House
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Billings Mo

MOTHER
15. MAIDEN NAME Margeret Carr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Republic Mo.

17. INFORMANT (ADDRESS) Earl House Springfield, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Billings Mo DATE 10-29 1931

19. UNDERTAKER (ADDRESS) A. S. Wallace Billings Mo By C.J.

20. FILED 10-27, 1931 Lou Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1931, to Oct 27, 1931
I last saw her alive on Oct 27, 1931. Death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	Oct 26
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Other contributory causes of importance: Acute Gang. app.	Oct 25

Name of operation Appendectomy Date of Oct 24
What test confirmed diagnosis? 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) William Smith, 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.

NOV 24 1931

MAKE PERMANENT WITH UNFADING INK—THIS IS A PERMANENT RECORD

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