

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

Do not use this space.

742

1. PLACE OF DEATH

County Greene

Registration District No. 2001

File No. _____

Township _____

Primary Registration District No. 318

Registered No. 24

City Springfield (No. _____)

Ward Baptist Hospital

2. FULL NAME

(a) Residence. No. Golden City Mo. St. Ward. _____

(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 6-1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 42 4 3

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work housewife No 2728 127 (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co. Mo. 1

10. NAME OF FATHER F. F. Swearingen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown 1

12. MAIDEN NAME OF MOTHER Alice Bryans

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Carthage Mo. 1

14. INFORMANT (Address) Dan H. Grant Milford Mo.

15. FILED 10-10-32 For Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 9 1932

I HEREBY CERTIFY, That I attended deceased from Jan 6 1932 to Jan 9 1932 that I last saw him alive on Jan 9 1932, and that death occurred, on the date stated above, at 5:45 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Surgical shock following removal stone, common bile duct (duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) Abscess gall bladder + Pancreatitis drained Sept 7 1931 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Milford Mo

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Jan 7 1932

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Coughen (Signed) Walter Smith, M. D.

19 1932 (Address) Springfield Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

New Bethel Dade Co. Jan 11 1932

20. UNDERTAKER ADDRESS E. A. Phillips, Golden City Mo

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.

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FEB 24 1932

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