

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

Do not use this space.

**1. PLACE OF DEATH**

County Greene Registration District No. 318  
 Township Springfield Primary Registration District No. 2001  
 City Springfield (No. Springfield Hospital St.          Ward         )

File No. 4318  
 Registered No. 136

**2. FULL NAME**

(a) Residence, No. Mrs. Nellie M. Jones Ward.           
 (Usual place of abode) Greene City, Mo. (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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Will Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5 1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1	
				day, . . . . . hrs.	or . . . . . min.
	<u>34</u>	<u>4</u>	<u>13</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 235  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Maker  
 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) Dennison Tex

13. NAME Sam Williams

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

15. MAIDEN NAME Delia Tucker

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

17. INFORMANT (ADDRESS) Mrs. Cecile Hawkins  
Peru City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Peru City DATE 9/21 19. 1932

19. UNDERTAKER (ADDRESS) Wm W. Wessell Jr.  
Peru City, Mo

20. FILED 2-18 1932 John Sharp Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 13 1932 to Feb 18 1932  
 I last saw him alive on Feb 15 1932 Death is said to have occurred on the date stated above, at 4:30 p. m.

The principal cause of death and related causes of importance were as follows:  
Tetanus Date of onset Feb 10

(Focus of infection unknown - Five teeth extracted over 6 wks before onset)

Other contributory causes of importance:  
Pulmonary edema

Name of operation none Date of           
 What test confirmed diagnosis?          Was there an autopsy?         

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) Gary S. Callaway, M. D.  
 (Address) Springfield, 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 28 1932

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