

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

Do not use this space.

8061

**1. PLACE OF DEATH**

39 County Greene Registration District No. 318 File No. \_\_\_\_\_  
 3 Township \_\_\_\_\_ Primary Registration District No. 3096 Registered No. 179  
 5 City Springfield (No. Springfield Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Abria, Mo.  
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) —

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-8-1927

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>4</u>	<u>11</u>	<u>24</u>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Child  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Springfield  
 (STATE OR COUNTRY) MO

10. NAME OF FATHER Martin McNeal  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Abria  
 (STATE OR COUNTRY) MO  
 12. MAIDEN NAME OF MOTHER Hester Waite  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Abria  
 (STATE OR COUNTRY) MO

14. INFORMANT Martin McNeal  
 (Address) Abria Mo

15. FILED 32 1932 Jon Sharp REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 2 1932

17. I HEREBY CERTIFY, That I attended deceased from Feb 1st 1932 to Mar 2 1932 that I last saw her alive on Feb 2 1932 and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

sub Peritonitis  
121A  
129

CONTRIBUTORY (SECONDARY) Rust Gangrenous (duration) yrs. mos. 2 ds.  
empyema (duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED Abria, Mo.  
 IF NOT AT PLACE OF DEATH. 11/2

DID AN OPERATION PRECEDE DEATH? yes DATE OF Feb 1.  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Lab.  
 (Signed) Walter Smith M. D.  
 , 19 (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 Abria, Mo. DATE OF BURIAL 3/4 1932

20. UNDERTAKER G. L. Casey ADDRESS Abria, Mo.

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

K. 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.

APR 26 1932

8  
177

0.7