

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

Do not use this space.

8070

1. PLACE OF DEATH

39 County Green Registration District No. 318 File No. _____
 3 Township _____ Primary Registration District No. 2001 Registered No. 189
 5 City Springfield Mo. (No. Springfield Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Bolton, Mo.
 (Usual place of abode) (If nonresident, give city of 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 Russell Mrs Frank

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
63 9 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Washing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Bainev Missouri

13. NAME Stafford Mrs Louis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Co Mo.

15. MAIDEN NAME Chick, Matilda

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known 31

17. INFORMANT Russell Mrs Frank
 (ADDRESS) Bolton Missouri

18. BURIAL, CREMATION, OR REMOVAL Bolton Mo
 PLACE Greenwood DATE 3-7-32 19

19. UNDERTAKER Hutchinson Beje
 (ADDRESS) Bolton Mo

20. FILED 3-8-32 19 For Sharp
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-5-32 19

22. I HEREBY CERTIFY, That I attended deceased from Mar 5 19, to Mar 5 19.

I last saw him alive on Mar 4 19. Death is said to have occurred on the date stated above, at 5:30 a. m.

The principal cause of death and related causes of importance were as follows:

Gangrenous gall stone
with large stone
chronic for years -
acute 4 days.

Other contributory causes of importance:

2 1/2 large stones
66A had in few years

Name of operation Removal Gall Bladder Date of _____

What test confirmed diagnosis? Lab 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? no

If so, specify _____

(Signed) Walter 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.

THIS IS A PERMANENT RECORD

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