

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

Do not use this space.

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1. PLACE OF DEATH

County Greene Registration District No. 318 File No. _____
 Township _____ Primary Registration District No. 200 Registered No. _____
 City Springfield (No. St. John's Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. St. John's Hospital St. _____ Ward. Manfield, 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. 2 ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Bell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 20 - 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 | 3 | 28

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

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) Manfield 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Dayton (STATE OR COUNTRY) Missouri

13. NAME John Turner

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

15. MAIDEN NAME Rebecca M. Muller

16. BIRTHPLACE (CITY OR TOWN) North Carolina (STATE OR COUNTRY)

17. INFORMANT Mrs. E. J. Craig (ADDRESS) Manfield, Mo.

18. BURIAL-CREMATATION, OR REMOVAL PLACE Manfield DATE 3-20 1932

19. UNDERTAKER E. J. Steff (ADDRESS) Manfield, Mo.

20. FILED 3-18 1932 John Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Mar. 15 1932 to Mar. 18 1932

I last saw h. or alive on Mar 18 1932 Death is said to have occurred on the date stated above, at 10 A.M.

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

Carcinoma - Small Intestine

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical X-ray 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? NO
 If so, specify _____

(Signed) J. J. Camp, 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.

APR 26 1932

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