

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

Do not use this space.

8141

**1. PLACE OF DEATH**

39 County Greene Registration District No. 323  
Township Myra Primary Registration District No. 5448  
City Willard Mo No. R # 2 St. W Ward

File No. ....  
Registered No. 5  
St. W Ward

**2. FULL NAME**

(a) Residence, No. Willard Mo R # 2 St. W Ward.  
(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. D. Newton</u> <u>Dec. 31-1897</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS <u>39</u>	MONTHS <u>2</u>
	DAYS <u>15</u>	IF LESS THAN 1 day, hrs. or min. <u>2 35</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>House work</u>	
	10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation. <u>100 1A / 107A</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. 1</u>		
FATHER	13. NAME <u>James Mitchell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Bina Burrow</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT (ADDRESS) <u>Bessie Surhand</u> <u>Springfield, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wesley Chap</u> DATE <u>Mar 17 1932</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. Wagner</u> <u>Springfield, Mo.</u>		
20. FILED <u>3-16</u> 19 <u>32</u> <u>B. A. Greenwald</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March, 15<sup>th</sup> 1932

22. I HEREBY CERTIFY, That I attended deceased from March 13<sup>th</sup> 1932, to March 15<sup>th</sup> 1932. I last saw her alive on March 15<sup>th</sup> 1932. Death is said to have occurred on the date stated above, at 4:00 A.M.  
The principal cause of death and related causes of importance were as follows:  
Broncho-pneumonia (bilateral) Date of onset

Other contributory causes of importance  
100 1A / 107A

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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) Paul O. Upshaw, M.D. , M. D.  
(Address) 214 N. Jefferson

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

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

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