

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

Do not use this space.

1. PLACE OF DEATH

39 County Greene Registration District No. 3187
Township Springfield Primary Registration District No. 5439
City Springfield (No. 175) # 5

12289
File No. _____
Registered No. 297
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. #5 St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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>W. G. Davis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 6 - 1875</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>0</u>
	DAYS <u>10</u>	IF LESS than 1 day, hrs. or min.
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 Keeping</u>
	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) <u>Ill.</u>	
FATHER	13. NAME <u>Wm. Henson</u>	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>
	15. MAIDEN NAME <u>Nancy A. O'Leary</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	17. INFORMANT (ADDRESS) <u>W. G. Davis, No. 5, Springfield</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Green Lawn Cemetery</u> DATE <u>April 18, 1932</u>	
19. UNDERTAKER (ADDRESS) <u>W. J. Ingles, 125 S. Springfield, Mo.</u>		
20. FILED <u>4/18</u> 19 <u>32</u> <u>W. J. Sharp</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-16, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-10, 1932 to 4-16, 1932

I last saw her alive on April 16, 1932 Death is said to have occurred on the date stated above, at 2:30 m.

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

Cancer of Liver ^{46E} ₁₉₃₁ ¹⁹³² ₁₋₁₀₃₂ ¹⁹³¹ ₁₋₁₀₃₂

Chronic Liver ^{46E} ₁₉₃₁ ¹⁹³² ₁₋₁₀₃₂ ¹⁹³¹ ₁₋₁₀₃₂

Other contributory causes of importance: frontal lobe attack

for just 20 yrs ①

Name of operation none Date of _____

What test confirmed diagnosis clinical 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) D. F. Fullen 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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