

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

Do not use this space.

25954

1. PLACE OF DEATH

County Greene

Registration District No. 318

Township _____

Primary Registration District No. 2001

City Springfield (No. Spfld Baptist Hosp)

File No. _____

Registered No. 598

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Cleaver 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 52

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

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) Missouri

13. NAME A. G. Green

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

15. MAIDEN NAME M. J. Smart

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

17. INFORMANT A. G. Green (ADDRESS) Cleaver, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Wheat Hill DATE Aug 26, 1932

19. UNDERTAKER J. W. Maples (ADDRESS) Cleaver mo

20. FILED 8-25-32 Ralph W. Langston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1932 to Aug 25, 1932

I last saw her alive on Aug 25, 1932 Death is said to have occurred on the date stated above, at 6 A.M.

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

Basal Skull Fracture
Free Pelvis
Free Right arm

Other contributory causes of importance: 24

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Aug 19, 1932

Where did injury occur? 2 miles west of Springfield, Mo. 66 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Struck by passing auto when crossing high-
Manner of injury way. Windy did not see car approaching

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) J. H. Alley Smith 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.

SEP 22 1932

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