

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

Do not use this space.

35396

1. PLACE OF DEATH

County Linn
Township Springfield Mo.

Registration District No. 318
Primary Registration District No. 2001

File No. _____
Registered No. 772

2. FULL NAME

(a) Residence, No. 1509 W. Lincoln 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

3 MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 28 8 29

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1932, to Nov 13, 1932.
I last saw h. ex alive on Nov 12, 1932. Death is said to have occurred on the date stated above, at 7:05 a.m.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 179

The principal cause of death and related causes of importance were as follows:
Moral Peritonitis following self-instrumentation of uterus

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER FATHER

13. NAME Francis Coring

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

15. MAIDEN NAME B. P. Farrell

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

Name of operation Commitment Date of Oct 18 32

What test confirmed diagnosis? Clinical Was there an autopsy? No

17. INFORMANT Lucy Coring (ADDRESS) 1509 W. Lincoln

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE Nov 15 1933

19. UNDERTAKER Edward W. Lee (ADDRESS) 1509 W. Lincoln

20. FILED 11-15 1933 Ralph W. Langston Registrar

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 0 Date of injury _____
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) James E. Newry, 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.

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

JAN 9 1933

APR 21 1955

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

772

Name: Helen Louise Coring
Who died at Springfield, Mo. on Nov. 13, 1932.
(City) (County) (Date)
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex _____ Color or race _____ Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or Country) _____

Birthplace of father (State or Country) _____

Birthplace of mother (State or Country) _____

Principal cause of death: General Peritonitis, fol-

lowing self-instrumentation of uterus in attempt to produce abortion

Other contributors, causes or exposures _____
Name of operation abortion Date of _____

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

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.

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