

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

Do not use this space.

22885

1. PLACE OF DEATH

County Greene
Township
City Springfield (No. Burge Hospital)

Registration District No. 318
Primary Registration District No. 2001

File No.
Registered No. 542
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward. Lebanon, 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Oris Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9, 1887
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 11 17

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Organ Cape W.V.

13. NAME Jelene H. Hake

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co W.V.

15. MAIDEN NAME Celia C. Lively

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co W.V.

17. INFORMANT Oris Smith (ADDRESS) Lebanon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lebanon DATE 7/23 33

19. UNDERTAKER W.E. Holman (ADDRESS) Courway Mo

20. FILED 7-20 1933 Ralph Langston Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1933

22. I HEREBY CERTIFY That I attended deceased from July 19 1933, to July 20 1933
First saw h. alive on July 20 1933 Death is said to have occurred on the date stated above, at 6:15 P.M.

The principal cause of death and related causes of importance were as follows:
General Peritonitis Date of onset

Other contributory causes of importance:
Ruptured Viscus (Ovarian Cyst)

Name of operation Laparotomy, Date of July 20
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? 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, signify
(Signed) C. A. Tucker, M. D.

(Address) 200 W. Conil St

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.

