

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

Do not use this space.

3276
Dr. Thomas

1. PLACE OF DEATH

County Greene Registration District No. 318
Township _____ Primary Registration District No. 1004
City Springfield, Mo. No. 607 St. Walnut

File No. _____
Registered No. 716
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 607 E. Walnut St., _____ 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. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF W. Wilson (Dec.)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3 - 1856

7. AGE YEARS 77 MONTHS 8 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

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

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) La.

13. NAME Dr. Nathan Goff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 7.

15. MAIDEN NAME Mary A. Dupree

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

17. INFORMANT Nancy B. Gackney (ADDRESS) 607 E. Walnut

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE Oct. 11 - 1933

19. UNDERTAKER (ADDRESS) Springfield, Missouri

20. FILED 10 10 1933 Ralph Woodruff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1933, to Oct 8 1933

I last saw him alive on Oct 8 1933. Death is said to have occurred on the date stated above, at 9:30 p.m.

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

Heart failure
Coronary Myocarditis
93
930
102

Other contributory causes of importance: Smoking

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) Dr. Thomas M. D.
(Address) 324 Laundry Bldg

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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