

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

Do not use this space.

39718

1. PLACE OF DEATH

County Greene
Township
City Springfield, Mo (No. Springfield Baptist St. _____ Ward)

Registration District No. 318

File No. _____

Primary Registration District No. 2001

Registered No. 845

2. FULL NAME

(a) Residence, No. La Greenfield 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept - 22 - 1926

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day,hrs. ormin. |
|--------|-------|--------|------|--|
| | 6 | 2 | 9 | |

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. single

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 Greenfield, Mo

13. NAME Ma. Hudie Mallow

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

15. MAIDEN NAME Lorene French

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La Greenfield, Mo

17. INFORMANT Hudie Mallow
(ADDRESS) Greenfield

18. BURIAL, CREMATION, OR REMOVAL PLACE La Greenfield DATE 12-2-33

19. UNDERTAKER Walter W. Cox
(ADDRESS) Greenfield, Mo

20. FILED 12-1-33 Ralph Langston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1, 1933

22. I HEREBY CERTIFY that I attended deceased from Nov 30, 1933 to Dec 1, 1933

I last saw h. a. alive on Dec 1, 1:30 AM, 1933. Death is said to have occurred on the date stated above, at 7 A.M.

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

acute appendicitis

Date of onset 11-24-33

Other contributory causes of importance: general peritonitis 11-28-33

Name of operation appendectomy Date of Dec 1, 1933

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? _____

If so, specify. (Signed) Daniel L. Yonely M. D.

(Address) 214 N Jefferson

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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JAN 26 1934

