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.

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

Do not use this space.

39755

File No.

Registered No. 882

1. PLACE OF DEATH

County: Green — Registration District No.: 318

Township: Campbell — Primary Registration District No.: 2001

City: Springfield — (No.) 1215 - 13 - 33 74 S pm. Baptist Hospital St. Ward)

2. FULL NAME: Kang Mrs Thelma G

(a) Residence, No. Mount ave St., Ward. Rose

(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: wh.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 14 1903

7. AGE: Years 30 Months 6 Days 29 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Harlville Mo.

FATHER

13. NAME: Laxhram Mr Joseph S.

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

MOTHER

15. MAIDEN NAME: Gaither Mrs. LeLena

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

17. INFORMANT (ADDRESS): Botten Und. Co Mountain Grove

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Mt-Grove DATE: 12-14-~~15~~-1933

19. UNDERTAKER (ADDRESS): Botten Und Co. Mt. Grove

20. FILED 12-13-1933 Ralph W Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1933, to Dec 13, 1933

I last saw h. on alive on Dec 13, 1933 Death is said to have occurred on the date stated above, at about 8:30 p.m.

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

	Date of onset
Pelvic Peritonitis — about with r. oophoritis — Salpingitis & Induration broad ligament.	Nov 1933

Other contributory causes of importance: del. Baby 6 wks ago. 1 A.V.

Name of operation: Laparotomy Date of: 12/9/33

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) Guy D Galloway, M. D.

(Address) Springfield Mo.

JUL 14 1951