

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.

FEB 27 1934

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

Do not use this space.

828

1. PLACE OF DEATH

County Greene
Township Springfield
City Springfield

Registration District No. 318
Primary Registration District No. 2400 Summit

File No. 65
Registered No. 65
St. Summit Ward

2. FULL NAME

(a) Residence, No. 2400 Summit St., Summit Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep 10 1858

7. AGE YEARS 75 MONTHS 4 DAYS 12 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In home
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) Mo.

FATHER 13. NAME George Carter

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

MOTHER 15. MAIDEN NAME May Mitchell

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

17. INFORMANT (ADDRESS) Henry Gibson Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellview cemetery DATE Jan 23 1934

19. UNDERTAKER (ADDRESS) J. W. Hunsley & Co. Springfield, Mo.

20. FILED 1-23-34 Ralph W. Langley Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1934, to Jan 22, 1934
I last saw her alive on Jan 21, 1934 Death is said to have occurred on the date stated above, at 6:15 A. m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Ang
PT. lobe of right lung
probably of long time standing
as per history
106 D
Other contributory causes of importance
11A Bronchitis, as per history
of 3 or 4 wks. standing -

Name of operation 2 Date of ✓
What test confirmed diagnosis? Clinical 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 ✓, 1934
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) H. Gibson, M. D.
(Address) Springfield, Mo.

