Dr Frame

FEB 27 1934

114

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

Do not use this space.

3770

1. PLACE OF DEATH
County Wright — Registration District No. 908 — File No.
Township Mountain Grove — Primary Registration District No. 6222 — Registered No. 9
City ..... (No. ..... , ... St. ..... Ward)

2. FULL NAME Lydia Greenwood
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John E Greenwood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 30-1864

7. AGE: YEARS 69 — MONTHS 0 — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): Illinois

FATHER
13. NAME: William C. Morse
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Vermont

MOTHER
15. MAIDEN NAME: Lydia Kilmar
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

17. INFORMANT (ADDRESS): John E Greenwood, Mt. Grove Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mansfield Mo DATE Jan 12, 1934

19. UNDERTAKER (ADDRESS): F. A. Steffe, Mansfield Mo

20. FILED 1-31, 1934 Bernice Montgomery, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 8th, 1934, to Jan 11th, 1934.
I last saw her alive on January 8, 1934. Death is said to have occurred on the date stated above, at 10:40 A.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach about 6 months ago. — Date of onset
Other contributory causes of importance:
Infection on left breast
Name of operation ..... Date of .....
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? .....
If so, specify .....
(Signed) H. G. Frame, M. D.
(Address) Mt. Grove, Mo

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.