

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

Do not use this space.

44583

MAR 24 1934

1. PLACE OF DEATH

County GREENE
 Township Campbell
 City Springfield (No. 704 W. Grand)

Registration District No. 318
 Primary Registration District No. 200

File No. _____
 Registered No. 110 St. _____ Ward _____

2. FULL NAME

Louise Rice Hoynes
 (a) Residence, No. 704 West Grand St., _____ Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>Colord</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 2nd 1871</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>1</u>
	DAYS <u>9</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>		
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) <u>Tennessee</u>		
13. NAME <u>Geo Phillipas</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT <u>Mary Barker</u> (ADDRESS) <u>704 W. Grand Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>So Eaglewood</u> DATE <u>2-13</u> 19 <u>34</u>		
19. UNDERTAKER <u>H. P. Campbell</u> (ADDRESS) <u>869 Washington Ave</u>		
20. FILED <u>2-12</u> 19 <u>34</u> <u>Ralph Williams</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Febry 6 1934 to Febry 11 1934

I last saw her alive on Febry 10 1934. Death is said

to have occurred on the date stated above, at 9:30 a.m.

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

Apoplexy
 Date of onset _____

Other contributory causes of importance:

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? No
 If so, specify _____
 (Signed) C. A. Tucker, M. D.

(Address) 200 W Cornl St.

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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