

MAR 24 1934

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

Do not use this space.

4601

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1. PLACE OF DEATH

County Greene Registration District No. 318 File No. 51
Township _____ Primary Registration District No. 2901 Registered No. _____
City Springfield, Mo. No. 1004 Butcher St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1004 Butcher St. Ward _____ (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Chas. E.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 0 19

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

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) Fremont Iowa13. NAME W. J. Foster14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. V. M.15. MAIDEN NAME Cara Mc Mahon16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.17. INFORMANT Chas. E. Mc Kenzie
(ADDRESS) 1004 Butcher18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Park DATE Feb. 20 - 3419. UNDERTAKER Alma Fakhry, 7 New
(ADDRESS) Springfield, Mo.20. FILED 2-20 1934 _____
Registered _____

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18 - 193422. I HEREBY CERTIFY, That I attended deceased from Aug. 1932 to 2/18, 1934I last saw her alive on 2/18, 1934. Death is saidto have occurred on the date stated above, at 3:10 p.m.

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

Chronic nephritis Date of onset 193159131Other contributory causes of importance: Diabetes mellitus

Name of operation _____ Date of _____

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? No.

If so, specify _____

(Signed) J. B. Kemmon, M. D.

(Address) _____ SPRINGFIELD, 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.

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