25 1934

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.
Cartons 8577
76

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township Springfield — Primary Registration District No. 2001 — Registered No.
City (No. 1322 N. Broadway St. Ward)

2. FULL NAME Lizzie M. John
(a) Residence, No. 1322 N. Broadway St., Ward.
(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 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) Feb 5 - 1866
7. AGE YEARS 68 MONTHS 1 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME Israel Neff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Rebecca Troxell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT (ADDRESS) Clyde L. John 1322 N. Broadway
18. BURIAL, CREMATION, OR REMOVAL PLACE Burlington Iowa DATE March 13 1934
19. UNDERTAKER (ADDRESS) J. W. Klingner & Co. Springfield, Mo.
20. FILED 3-10 1934 Ralph W. Lamington Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-10, 1934
22. I HEREBY CERTIFY, That I attended deceased from 3-9-, 1934, to 3-10-, 1934
I last saw her alive on 3-9-, 1934. Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:
Influenza — Date of onset
Other contributory causes of importance: Mytral Insufficiency
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) W. Kelly, M. D.
(Address) Springfield Mo