

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

Do not use this space.

1. PLACE OF DEATH

County Greene

Registration District No. 318

Township Springfield

Primary Registration District No. 2001

City Springfield

File No. 8588

Registered No. 139

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. 1112

(Usual place of abode) Texas

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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female Colored Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Claude Ellison

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

unknown

AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

about 42

OCCUPATION

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

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)

MO

MOTHER

13. NAME

Jerome Hoover

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

MO

15. MAIDEN NAME

Tempie Danforth

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

MO

17. INFORMANT (ADDRESS)

Claude Ellison
1112 Texas

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Nazewood

DATE

3/14

34

19. UNDERTAKER (ADDRESS)

W. E. Campbell
269 Wash. Ave.

20. FILED

3/13

1934

Ralph W. Longstre

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Mar 13 - 1934

22. I HEREBY CERTIFY, That I attended deceased from

March 13, 1934, to March 13, 1934

I last saw her alive on March 13, 1934 Death is said

to have occurred on the date stated above, at 7:45 a.m.

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

Post-partum hemorrhage

Other contributory causes of importance

1446

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)

W. E. Campbell, M. D.

(Address)

225 - Greenville Ave

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.

VOL 9 1952