

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 25 1934

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

Do not use this space.

*Dr. Callaway*  
12546  
File No. 156  
Registered No.

1. PLACE OF DEATH

County Greene Registration District No. 318  
Township \_\_\_\_\_ Primary Registration District No. 4001  
City Springfield, Mo. No. 761 Cherry St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 761 Cherry 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 widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James E. (Dec)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29-1856

7. AGE YEARS 77 MONTHS 8 DAYS 14 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
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) Springfield, Mo.

FATHER 13. NAME J. W. Mack

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

MOTHER 15. MAIDEN NAME Josephine Murphy

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

17. INFORMANT (ADDRESS) Ralph Mack  
761 Cherry

18. BURIAL, CREMATION, OR REMOVAL PLACE Hollywood DATE April 15, 1934

19. UNDERTAKER (ADDRESS) Edna Tompkins  
Springfield, Mo.

20. FILED 4-14 1934 Edna Tompkins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/12, 1934, to 4/13, 1934  
I last saw her alive on 4/13/34, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 9:50 P. m.  
The principal cause of death and related causes of importance were as follows:

Heart disease Date of onset many yrs.  
Chronic valvular  
92A  
97 92a  
Other contributory causes of importance: Arterio-sclerosis. yrs.

Name of operation none 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. none  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Dr. Callaway, M. D.  
(Address) Springfield, Mo.

