

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

Do not use this space.

20088

**1. PLACE OF DEATH**

County GREENE

Registration District No. 318

Township Springfield

Primary Registration District No. 2001

City Springfield (No. 77)

St. Jefferson

File No. 257

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 717 N. Jefferson 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 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 4 - 1838

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
96 3 1

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) Ind

MOTHER 13. NAME Tom July

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

15. MAIDEN NAME Jane Simpson

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

17. INFORMANT (ADDRESS) J. C. Campbell

18. BURIAL, CREMATION, OR REMOVAL PLACE Manett MO. DATE \_\_\_\_\_ 19

19. UNDERTAKER (ADDRESS) Gallaway and Co

20. FILED 6-5-1934

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-5-1934

22. I HEREBY CERTIFY, That I attended deceased from 5-20-1934 to 6-5-1934

I last saw him alive on 6-3-1934 Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Right femoral fracture Date of onset see down in some about 2 mo ago before

Other contributory causes of importance: Senility

Name of operation 186A Date of \_\_\_\_\_

What test confirmed diagnosis? 194B Was there an autopsy? 192

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. J. Kelly M. D.

(Address) Springfield MO

Registrar Ralph W. [unclear]

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.

1934

2  
31  
31

1375 Rowan Oak