

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

Do not use this space.

NOV 14 1934

1. PLACE OF DEATH

County Greene Registration District No. 318
 Township Springfield Primary Registration District No. 2001
 City Springfield, Mo. (No. 2325) North Blvd. St. _____ Ward _____

File No. 35785
 Registered No. 318

2. FULL NAME

(a) Residence, No. Walnut Grove, Mo. St. _____ Ward. Walnut Grove, Missouri
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 1/2 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 T.T. Carson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-28-1873

7. AGE YEARS 61 MONTHS 1 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lousivipe
 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) New York

13. NAME Fredrick Renger

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

15. MAIDEN NAME Bethe Hartman

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

17. INFORMANT Fred M. Carson (ADDRESS) Springfield, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE 10-6-34

19. UNDERTAKER Bain Funeral Home (ADDRESS) Walnut Grove, Mo.

20. FILED 10-6-1934 RWB angler Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1934, to Oct 4, 1934

I last saw her alive on Oct 4, 1934. Death is said to have occurred on the date stated above, at 11:55 P.M.

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

auto-intoxication from Hepatic Carcinoma
 Date of onset _____
 Other contributory causes of importance _____

Name of operation Exploratory Laparotomy of _____
 What test confirmed diagnosis? clinical 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) Charles H. McHaffee, M. D.
 (Address) Fish Grove, 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.

THIS IS A PERMANENT RECORD

