

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

Do not use this space.

42604

JAN 2 1935

1. PLACE OF DEATH

County Greene Registration District No. 318
 Township _____ Primary Registration District No. 24th
 City Greenville (No. 836 S. T. Avenue) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

(a) Residence, No. 836 S. T. Avenue 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 2 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10 - 1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
3 2 1

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.
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Greenville (STATE OR COUNTRY) Mo.

13. NAME Smith Havell

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

15. MAIDEN NAME Parnsley

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

17. INFORMANT Smith Havell (ADDRESS) 836 S. T. Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE 12/12/34

19. UNDERTAKER Benjamin T. Lohmeyer (ADDRESS) Greenville Mo.

20. FILED 12-12-34 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10, 1934

22. I HEREBY CERTIFY, that I attended deceased from Sept 27, 1934, to Dec 11, 1934.
 I last saw her alive on Dec 10, 1934. Death is said to have occurred on the date stated above, at 4:45 m.
 The principal cause of death and related causes of importance were as follows:

Pneumonia loba Date of onset 11/4
1738
1153
100
 Other contributory causes of importance:
Stricture of Esophagus (Rye/Ingleton) Sept 27 1934
Empyema (right)

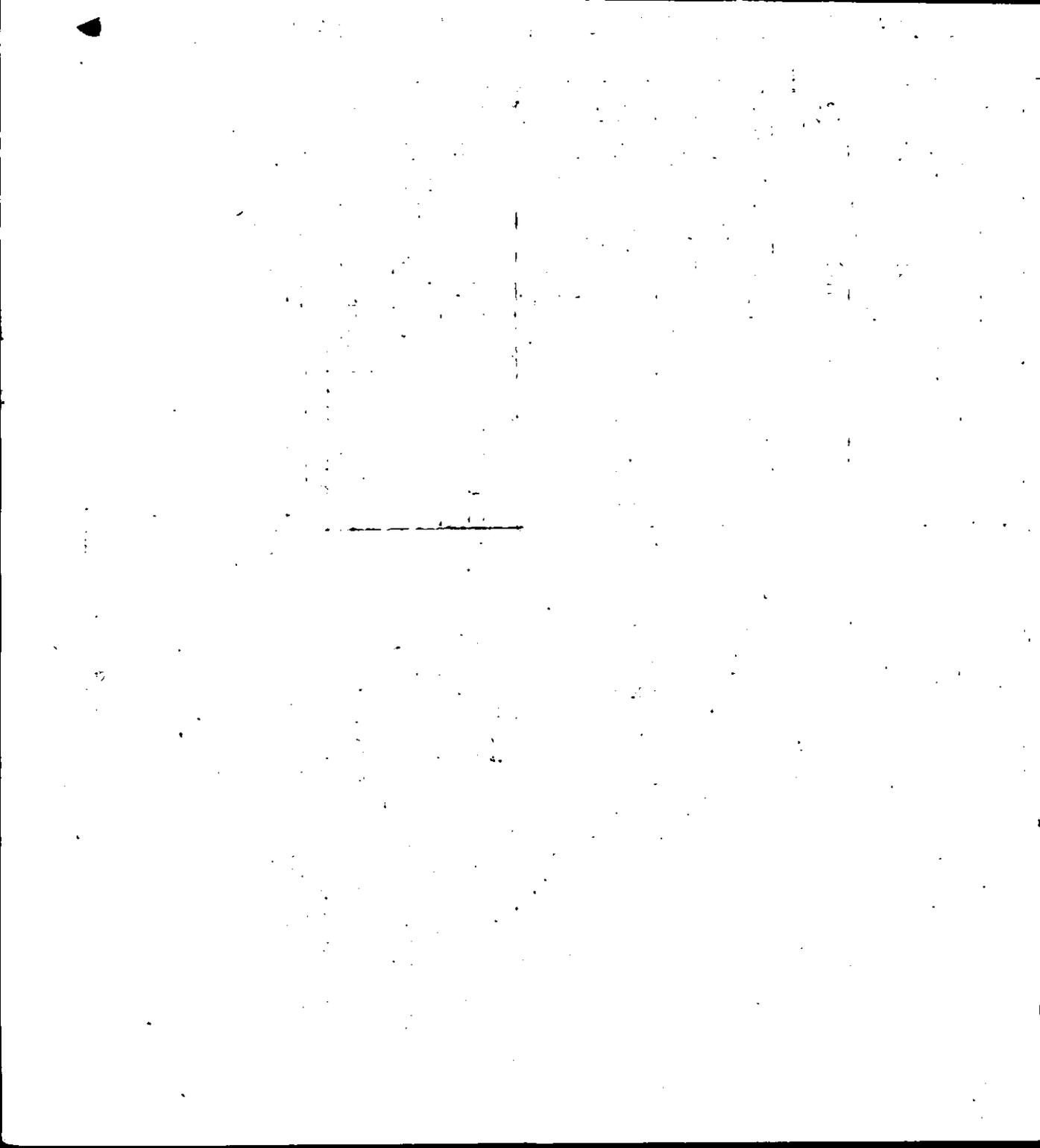
Name of operation Hysterectomy Date of Nov. 1934
 What test confirmed diagnosis? Examination Was there an autopsy? No

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? _____
 If so, specify _____
 (Signed) J. Newton Waldeman M. D.

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
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Moene

Registration District No. 318

Township Greenglade

Primary Registration District No. 2001

City Greenglade (No.)

File No. 42604

Registered No.

St. Ward)

2. FULL NAME

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him alive on....., 19..... Death is said

to have occurred on the date stated above, at.....

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

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

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

Date of onset

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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Other contributory causes of importance:
Structure Esophagus - (by indigestion)

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

13. NAME

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide Accident Date of injury Sept 27, 1934

Where did injury occur? Home Springfield, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury Blank eye

Nature of injury Burn, eye

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

19. UNDERTAKER (ADDRESS)

(Signed)....., M. D.

(Address).....

20. FILED March 28, 1935

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

MAR 26 1935

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