

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.

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

Do not use this space.

JAN 1 8 '35

1. PLACE OF DEATH

County Jackson
Township Franklin
City Franklin, Mo.

Registration District No. 399
Primary Registration District No. 1002

File No. 43196

Registered No. 1000
St. 3rd Ward

2. FULL NAME

(a) Residence, No. 1317 Hurst St., Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Colored
5. SINGLE-MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Otis Spears
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-15-1899
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 35 11 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
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) Mo.

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Record Clerk General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Lym. Dec 28 '35

19. UNDERTAKER (ADDRESS) Wm. Appleton Jones 1600 S. 11th St.

20. FILED 12/27-1934 M. M. Corowe Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-20 1934, to 12-22 1934. Death is said to have occurred on the date stated above, at 10:15 P.M.
I last saw her alive on 12-22 1934.
The principal cause of death and related causes of importance were as follows:

Generalized Peritonitis
Ruptured Appendix
Other contributory causes of importance:
Ruptured Appendix

Name of operation Appendectomy Date of 12/24/34
What test confirmed diagnosis? Wet 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, 1934

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) J. P. Jones M. D.
(Address) General Hosp #2

