

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

Do not use this space.

FEB 25 1935

**1. PLACE OF DEATH**

County Greene Registration District No. 317  
 Township Brookline Primary Registration District No. 5441  
 City Springfield (No. #7) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 880  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. R#7 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 27 - 1854</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>0</u>
	DAY <u>11</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>House Work</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <input checked="" type="checkbox"/>	

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8<sup>th</sup> 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 20<sup>th</sup> 1934 to Jan 8<sup>th</sup> 1935

I last saw her alive on Jan 8<sup>th</sup> 1935 Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:  
Mitral Insufficiency Heart  
93 A

Other contributory causes of importance:  
Hypertension  
Chronic Myocarditis

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>
	13. NAME <u>J. H. Demore</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>
	15. MAIDEN NAME <u>Elizabeth Lane</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>
	17. INFORMANT <u>Wm Holland</u> (ADDRESS) <u>Springfield, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Clear Creek Cemetery</u> DATE <u>Jan 9 1935</u>	
19. UNDERTAKER (ADDRESS) <u>J. W. Lyngren &amp; Co.</u> <u>Springfield, Mo.</u>	
20. FILED <u>Jan. 9, 1935</u> <u>Mrs. Bertha Nance</u> Registrar.	

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Quint 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) M. P. Patterson, M. D.  
 (Address) Springfield, 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.

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

