

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

Do not use this space.

900

SEP 25 1935

1. PLACE OF DEATH

County Greene Registration District No. 318 File No. 17
 Township _____ Primary Registration District No. 2001 Registered No. _____
 City Springfield Mo. 806 Normal St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 806 Normal St., _____ Ward. _____ (If nonresident, give city or town and State)
 (Usual place of abode)

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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19 - 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	85	10	19	

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

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) Carralton Ky.

MOTHER FATHER 13. NAME John Mercies

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

15. MAIDEN NAME Alisa Buttle

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

17. INFORMANT (ADDRESS) R. B. Hawkins

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE Apr. 10 1935

19. UNDERTAKER (ADDRESS) Alma Schreyer

20. FILED 1-79 1935 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 - 1935

22. I HEREBY CERTIFY That I attended deceased from several years to 1-8-35 1935

I last saw him alive on 1-8-1935 Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Senility -
Just quit breathing
52

Other contributory causes of importance:

Epheloma left
gnarled surface of
face

Name of operation Radium several times Date of _____

What test confirmed diagnosis? _____ 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 _____, 1935

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) Garrett Hogg, M. D.

(Address) Springfield Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

