

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**

MAY 25 1935

Do not use this space.

12529

216

1. PLACE OF DEATH

County Greene

Registration District No. 318

File No. 216

Township Springfield

Primary Registration District No. 1200

Registered No. 216

City Springfield, Mo.

No. 840 S. Pickwick

St. Pickwick Ward 1

2. FULL NAME

(a) Residence, No. 840 S. Pickwick St. Ward 1

(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5 - 1885

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	50	2	9	

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

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) Davis Co., Mo.

13. NAME J. M. Bridges

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co., Mo.

15. MAIDEN NAME Katherine Staneall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pactric Co., Virginia

17. INFORMANT (ADDRESS) Mrs. Sada Wheeler (Sis) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Eastlawn DATE April 30

19. UNDERTAKER (ADDRESS) Alma J. Meyer Home Springfield, Mo.

20. FILED 4/16 1935 W. H. Campbell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 - 1935

22. I HEREBY CERTIFY, that I attended deceased from March 134th day of Apr 14 - 1935

I last saw her alive on 14th day of Apr 1935. Death is said to have occurred on the date stated above, at 4:50 P.M.

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

Carcinoma of Ovary

Other contributor causes of importance

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Hollis Smith M. D. (Address) Springfield, Mo.

