

JUN 20 1935

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

Do not use this space.

16170

1. PLACE OF DEATH

County Green Registration District No. 318
Township Green Primary Registration District No. 2001
City Springfield (No. Baptist Hospital) St. Mo. Ward

File No.
Registered No. 132
St. Ward

2. FULL NAME

(a) Residence, No. Pittsburg 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 2, 1890</u>		
7. AGE	YEARS <u>45</u>	MONTHS <u>1</u>
	DAYS <u>18</u>	IF LESS than 1 day, <u>3 1/2</u> hrs. or <u></u> min.
OCCUPATION	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) (STATE OR COUNTRY)	<u>Waukegan, Ill.</u>	
MOTHER	13. NAME <u>Lewis Annis</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Weymouth, Mass.</u>	
	15. MAIDEN NAME <u>Lybetta Bell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mass.</u>	
17. INFORMANT <u>Dr. Hollingworth</u> (ADDRESS) <u>Pittsburg Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Catholic</u> DATE <u>May 25, 1935</u>		
19. UNDERTAKER <u>Dr. Hollingworth</u> (ADDRESS) <u>Pittsburg Mo.</u>		
20. FILED <u>5-21-35</u> <u>W. J. Langston</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1935, to May 20, 1935

I last saw him alive on May 20, 1935. Death is said to have occurred on the date stated above, at 7:15 a.m.

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

Intestinal obstruction
result of adhesions

Other contributory causes of importance:
Cholelithiasis
Spastic adhesions
Arthritis of hip
Old hip stabilized

Name of operation Cholelithomy Date of operation April 24, 1935
(No relation to continuation)

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1935
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None

(Signed) Daniel K. Yoney, M. D.
(Address) 214 N. Jefferson
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.

