

JUN 20 1935

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

Do not use this space.

16214

1. PLACE OF DEATH

County Greene
Township Franklin
City Springfield

Registration District No. 322
Primary Registration District No. 5446

File No.
Registered No. 47 St. Ward)

2. FULL NAME

(a) Residence, No. 505 Cronosgo Webb City, Mo. St. 54 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/7-120 1935

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

22. I HEREBY CERTIFY, That I attended deceased from 5/6 1935, to 5/6 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29-1859

I last saw her alive on 5/6 1935. Death is said to have occurred on the date stated above, at 1120 A.M.

7. AGE YEARS 76 MONTHS 30 DAYS 8 If LESS than 1 day, hrs. or min.

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

OCCUPATION . 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In home
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

Amnity
1060

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

Other contributory causes of importance:
Acute Bronchitis
Bronchitis

MOTHER FATHER 13. NAME Sam M. Curdy

Name of operation Date of
What test confirmed diagnosis: Was there an autopsy? no

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

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.

MOTHER 15. MAIDEN NAME Unknown

Manner of injury
Nature of injury

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

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:
(Signed)
(Address)

18. INFORMANT (ADDRESS) Floyd E. Johnson

14. BURIAL, CREMATION, OR REMOVAL PLACE City, Mo. DATE May 8 1935

19. UNDERTAKER (ADDRESS) Agnes E. Woodard

20. FILED May 8 19 35 Allan Barnes Registrar.

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.

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31

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