

SEP 18 1935

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

Do not use this space.

22442

1. PLACE OF DEATH

County Christian, Registration District No. 183
Township Porter, Primary Registration District No. 5-2-34
City Springfield, (No. Missouri, Mo., R. 1) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Missouri, Mo., R. 1 Ward _____
(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. (If nonresident, give city or town and State)

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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Bert Maynard
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18 - 1897
7. AGE YEARS 38 MONTHS 6 DAYS 4
If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home maker
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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22 - 1935
22. I HEREBY CERTIFY, That I attended deceased from July 19 to July 22, 1935
I last saw him alive on July 19, 1935. Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

Diagnosis: Supraorbital neuralgia - neuralgia
Do not record under acute causes but
Other contributory causes of importance:
MA

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian, Mo.
13. NAME Lincoln Payne
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
15. MAIDEN NAME Amanda Amos
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
17. INFORMANT (ADDRESS) Bert Maynard
Missouri, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Payne Cem. DATE July 24 - 1935
19. UNDERTAKER (ADDRESS) Alma Thompson
Springfield, Mo.
20. FILED Aug 30, 1935 J. D. Hawkins
Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? X 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) M. P. Purcell, M. D.
(Address) Lexa, 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.

