

OCT 23 1935

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

Do not use this space.

Dr. Wetzel
29248

1. PLACE OF DEATH

County Greene Registration District No. 318
Township _____ Primary Registration District No. 290
City Springfield, Mo. No. 1101 C. Brainer St. _____ Ward _____

File No. _____
Registered No. 423

2. FULL NAME

(a) Residence, No. 1101 C. Brainer 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 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 A. R. Tate

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6 - 1881

7. AGE YEARS 54 MONTHS 7 DAYS 6 If LESS than 1 day, hrs. or min.

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

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) Ohio

13. NAME J. Heistlen

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

15. MAIDEN NAME _____

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

17. INFORMANT A. R. Tate (ADDRESS) Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Resurrection DATE Sept. 14 - 35

19. UNDERTAKER Wm. Labmeyer (ADDRESS) Springfield, Mo

20. FILED 9-14 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 12 - 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1 1935 to Sept 12 1935
I last saw her alive on Sept 12 1935 Death is said to have occurred on the date stated above, at 8 P. m.

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

Intestinal obstruction

Other contributory causes of importance Curiousness of tubes

Name of operation obectomy Date of Sept 10
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?
If so, specify _____

(Signed) W. H. Wetzel M. D.
(Address) 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.

WIFE BORN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

