

OCT 23 1935

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

Do not use this space.

1. PLACE OF DEATH

County GreeneRegistration District No. 318Township SpringfieldPrimary Registration District No. 2001City Springfield(No. 917 Meadowmere)File No. 29275Registered No. 451

St. _____ Ward)

2. FULL NAME

(a) Residence, No. 917 Meadowmere 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 fe 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. J. Webb6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-28-18637. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 72 3 258. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Harrison Co Mo13. NAME G. W. Sellers14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.15. MAIDEN NAME Catharine Code16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa17. INFORMANT Husband
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany Mo DATE 9-25-193519. UNDERTAKER Clara Lehmyer
(ADDRESS) Springfield, Mo20. FILED 9-25-35 R. W. Baugton
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-23-193522. I HEREBY CERTIFY, That I attended deceased from June 1 1935, to Sept 23, 1935I last saw her alive on Sept 23, 1935. Death is saidto have occurred on the date stated above, at 9 a.m.

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

Carcinoma of Cecum Date of onset June 30with metastases to liverOther contributory causes of importance: NO

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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? no

If so, specify _____

(Signed) W. B. West, 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.

