

DEC 18 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

35776

1. PLACE OF DEATH

Green Registration District No. 318
County, ...
Township, ...
City, ... (No. ...)

File No. ...
Registered No. 600 ...
St. ... Ward)

2. FULL NAME

(a) Residence, No. ...
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28 1885
7. AGE YEARS 50 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.
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) ...

13. NAME ...

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

15. MAIDEN NAME ...

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

17. INFORMANT (ADDRESS) ...

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS) ...

20. FILED 11-14-35 Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 7 1935 to Nov 12 1935
I last saw her alive on Nov 12 1935. Death is said to have occurred on the date stated above, at 10 m.
The principal cause of death and related causes of importance were as follows:
Date of onset

Cholecystitis (acute)
gall stones present

Other contributory causes of importance:
Name of operation Cholecystectomy Date of Nov 12-35
What test confirmed diagnosis? 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) Nellis Smith, M. D.
(Address) Springfield Mo

WRITE PERMANENT, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

