

FEB 9 1936

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

Do not use this space.

39271

1. PLACE OF DEATH

County GreeneRegistration District No. 318Township North CampbellPrimary Registration District No. 2001City Springfield, Mo.330 W CenterFile No. _____
Registered No. 699
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 330 W Center St. _____ Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edw. Anderson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 16, 18927. AGE YEARS 43 MONTHS 11 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

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) Mo13. NAME William Hall14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Inda15. MAIDEN NAME Ellis Gunn16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Inda17. INFORMANT Mr. Carl A. Anderson18. BURIAL, CREMATION, OR REMOVAL East Lawn DATE Dec 15, 193519. UNDERTAKER Floyd W. Fox(ADDRESS) 629 W Walnut20. FILED 12-15-1935 R. W. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15, 193522. I HEREBY CERTIFY, That I attended deceased from May 22, 1935, to Dec 15, 1935I last saw her alive on Dec. 11, 1935, 19..... Death is saidto have occurred on the date stated above, at 11:30 a.m.

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

Carcinoma of Uterus, Uterus removed, Metastasis to Colon Date of onset Dec. 1934Other contributory causes of importance: None

Name of operation _____ Date of _____

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? 0 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? 40

If so, specify _____

(Signed) Robert R. Webb, 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.

