

FEB 3 1936

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

Do not use this space.

Dr. Donald E. Ellis

1. PLACE OF DEATH

County Greene Registration District No. 318
Township _____ Primary Registration District No. 2001
City Springfield, Mo. (No. 2038) Kings Ave. St. _____ Ward _____

File No. 39275
Registered No. 705

2. FULL NAME

(a) Residence, No. 12038 Kings Ave., 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1935, to Dec. 16, 1935

I last saw him alive on Dec 15, 1935 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25, 1863

to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 8 2

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

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Bronchial Pneumonia

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marytown, W. Va.

Succoma Pl. fever

13. NAME Annasylvia Courtney

Name of operation Prog. Anaplastom Date of 12-12-35

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

What test confirmed diagnosis? _____ Was there an autopsy? no

15. MAIDEN NAME Sarah Jane Hall

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Rabell Vance
(ADDRESS) 12038 Kings Ave.

Manner of injury _____ Nature of injury _____

18. BURIAL, CREMATION OR REMOVAL W. Virginia
PLACE Marytown DATE Dec 16, 1935

24. Was disease or injury in any way related to occupation of deceased? _____

19. UNDERTAKER Wm. J. Lammeyer
(ADDRESS) Springfield, Mo.

If so, specify Ronald E. Ellis, M. D.

20. FILED 12 16, 1935 W. Virginia
Registrar.

(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.

