

FEB 3 1936

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

Do not use this space.

39295

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

File No.

Registered No.

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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

OCCUPATION

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
occupation12. 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

DATE

1925

19. UNDERTAKER

(ADDRESS)

20. FILED

12-26-35

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24, 1935

22. I HEREBY CERTIFY, That I attended deceased from

19....., 19.....

I last saw her ~~dead~~ alive on 12-24, 1935. Death is said

to have occurred on the date stated above, at 2 AM.

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

Date of onset

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

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.....

.....

.....

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) Alfred Geary - coroner, 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.

Greene
County
Springfield
City
318
2001
430 E. Commercial
Elizabeth A. P. Rhodus
430 E. Commercial
Ward.
Ward.
Ward.

Female
white
Widow
Husband of
May 26-1850
85
6
28
At Home
In Home
Ind.
John Bradford
Ukrayna
Unknown
Unknown
Mary Prosser
Springfield, Mo.
Hazelwood
Dec 26, 1935
Springfield, Mo.
12-26-35
W. H. Langston
Registrar.

12-24, 1935
I HEREBY CERTIFY, That I attended deceased from
19....., 19.....
I last saw her ~~dead~~ alive on 12-24, 1935. Death is said
to have occurred on the date stated above, at 2 AM.
The principal cause of death and related causes of importance were as follows:
Date of onset
Coronary Sclerosis
Other contributory causes of importance:
Name of operation..... Date of.....
What test confirmed diagnosis? Neelmy 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....., 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) Alfred Geary - coroner, M. D.
(Address) Springfield Mo.

