

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

Do not use this space.

FEB 3 1936

39319

1. PLACE OF DEATH

County Greene Registration District No. 318
 Township Springfield Primary Registration District No. 5489
 City Springfield (No. Springfield Route 4) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Springfield Route 4 St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Jewell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1872
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 0 1
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
 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) Mapletown Kansas

FATHER 13. NAME John Bagger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.A. Ind.

MOTHER 15. MAIDEN NAME Sarah P. King

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.A. Illinois

17. INFORMANT (ADDRESS) Mrs. Effie Nielsen Springfield R. 4

18. BURIAL, CREMATION, OR REMOVAL PLACE Flagston DATE Dec 24 1935

19. UNDERTAKER (ADDRESS) F. C. Williams 1000 Beaville Ave

20. FILED 12-24 1935 R. W. Langston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-14-1935 to 12-14-1935

I last saw her alive on 12-14-1935 Death is said to have occurred on the date stated above, at 6:30 p.m.

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

Uterine Carcinoma 1929
primary seat uterus

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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? _____

If so, specify _____ (Signed) R. Russell _____ M. D.

(Address) Court House 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.

