

APR 17 1936

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

Do not use this space.

10163

## 1. PLACE OF DEATH

County *Greene*Registration District No. *318*Township *Springfield*Primary Registration District No. *9001*City *Springfield* (No. *826*)St. *Jefferson*

File No. ....

Registered No. *222*

St. .... Ward)

## 2. FULL NAME

(a) Residence, No. *826* *Jefferson* St. .... 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

3. SEX

*Female*

4. COLOR OR RACE

*white*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

*married*

5A. IF MARRIED, WIDOWED, OR DIVORCED

~~HUSBAND~~  
(OR) WIFE OF*Dr. W. T. Magruder*

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

*Feb 18 - 1871*

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, .... hrs. or .... min.

*65**0**22*

OCCUPATION

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.

*at Home*

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)

*Greenswick Va.*

13. NAME

*Jacob A. Merchant*

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

*Va.*

15. MAIDEN NAME

*Mary Plunkett*

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

*Va.*

17. INFORMANT (ADDRESS)

*Lo Roy Magruder Springfield Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

*Maple Jack Cemetery Mar 12 1936*

19. UNDERTAKER (ADDRESS)

*J. W. Kingman & Co. Springfield Mo.*

20. FILED

*3-11-1936 Ralph W. Langston Registrar*

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-10-1936*

22. I HEREBY CERTIFY, That I attended deceased from

*June 15, 1935, to March 10, 1936*I last saw her alive on *March 9, 1936*. Death is said

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

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

Date of onset

*Cancer of Colon**primary site 4/6**lower 1/3*

Other contributory causes of importance:

Name of operation *Exploratory* Date of *July 11*What test confirmed diagnosis? *Labatory* 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) *Res Coe*, M. D.(Address) *222 1/2 South*

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.

