MAY 20 1936

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

Do not use this space.

14809

1. PLACE OF DEATH
County Green County — Registration District No. 318 — File No.
Township — Primary Registration District No. 2001 — Registered No. 335 A
City Springfield. Mo. (No. St Johns Hosp St. Ward)

2. FULL NAME Josephine Cecelia Protiva
(a) Residence, No. St., Ward. Willow Springs Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 39 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14/1894

7. AGE: Years 42 — Months 5 — Days 23 — 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. Hotel Clerk
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) Marinette. Marinette Co. Wisc.

FATHER
13. NAME Antone Protiva.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Silver Hill. Bohemia

MOTHER
15. MAIDEN NAME Mary E. Spicka
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Silver Hill. Bohemia.

17. INFORMANT (ADDRESS) Mrs Maude Hall. Willow Springs. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 4/15/.36 19

19. UNDERTAKER (ADDRESS) T.R. Burns & Son. Willow Springs. Mo.

20. FILED 4-13-36 April 13 1936 Ralph W. Lagrypton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-12-, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1936, to April 12, 1936
I last saw h. aR alive on April 12, 1936 Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, bronchial	Apr. 9, 36
23	

Other contributory causes of importance:

Pulmonary Tuberculosis	
Far advanced	June 34

Name of operation None Date of
What test confirmed diagnosis? Xmg. Lab. 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) E. E. Glenn, 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.