

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.

MAY 20 1936

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

Do not use this space.

14861

1. PLACE OF DEATH

County Greene Registration District No. 318 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 2001 Registered No. 401  
City Springfield No. Springfield Baptist Hosp. Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Urbana - 200  
(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 M  
4. COLOR OR RACE W  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. E. Houbert  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7 - 1892  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
44 0 21

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Urbana Mo.

FATHER  
13. NAME Joseph Thomas

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

MOTHER  
15. MAIDEN NAME Lucinda Howard

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

17. INFORMANT A. E. Houbert  
(ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Bowers Chapel DATE 4-30-36

19. UNDERTAKER T. B. Jones (ADDRESS) Buffalo Mo.

20. FILED 4-30 1936 Dr. Chas. A. George Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-28 1936  
22. I HEREBY CERTIFY, That I attended deceased from April 27 1936, to April 28 1936  
I last saw her alive on April 28 1936 Death is said to have occurred on the date stated above, 2:40 P.  
The principal cause of death and related causes of importance were as follows:

Shock and Trauma  
Injuries  
Compound fracture of radius, ulna + fibula of left tibia + fibula  
Date of onset 4-27-36  
Other contributory causes of importance: Hemorrhage of 1 4-27-36

Name of operation Laparotomy Date of 4-27-36  
What test confirmed diagnosis? X-rays Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Yes Date of injury 4-27, 1936  
Where did injury occur? Urbana Mo (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. public street  
Manner of injury struck by automobile  
Nature of injury crushing injuries

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) Daniel L. Yancey M. D.  
(Address) 214 N Jefferson  
Springfield, Mo

