

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

19127

JUN 20 1936

1. PLACE OF DEATH

County Assene Registration District No. 318
Township _____ Primary Registration District No. 2001
City Springfield Berge Hoop

File No. _____
Registered No. 422 A
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. Chadwick Missouri St. Word.

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>1</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 3 1862</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>0</u>
	DAYS <u>1</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeping</u>	
	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) <u>Illinois</u>		
MOTHER	13. NAME <u>Thomas Widdeup</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
	15. MAIDEN NAME <u>Columbia</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>(Daughter)</u>	
17. INFORMANT <u>Inez Workman</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Chadwick, Mo</u>	DATE <u>May 6, 1936</u>
19. UNDERTAKER <u>B. C. K. K. K.</u>		
20. FILED <u>5-5-1936</u> <u>D. Chas. George</u>		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 3 1936 to May 4 1936
I last saw her alive on May 4 1936 Death is said to have occurred on the date stated above, at 2:15 A.M.
The principal cause of death and related causes of importance were as follows:

<u>Perforation Rt lung</u>	Date of onset <u>May 3</u>
<u>Fracture of hip</u>	" "

Other contributory causes of importance: 2/0 M

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury May 3, 1936
Where did injury occur? Chadwick, Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public place auto collision two cars
Manner of injury automobile accident
Nature of injury Crushing Rt chest. Fract hip

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Fred R. Farthing M. D.
(Address) Medical Arts Bldg Sped, Mo.

