SEP 21 1936

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

Do not use this space.

File No. 30613

Registered No. 737

1. PLACE OF DEATH

County: Greene — Registration District No.: 318

Township: — Primary Registration District No.: 2001

City: Springfield (No. Springfield Baptist Hosp., St. ..... Ward)

2. FULL NAME: Colleen Sue Hausden

(a) Residence, No. 2402 N. Blvd 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: Wht

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 20, 1934

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
2	—	6	

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. —

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): Springfield Mo

FATHER

13. NAME: Burl Hausden

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

MOTHER

15. MAIDEN NAME: Evelyn Sawyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Platte Neb.

17. INFORMANT (ADDRESS): Mr Hausden

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greenlawn DATE: Aug 29, 1936

19. UNDERTAKER (ADDRESS): Floyd W. Foy Springfield Mo.

20. FILED: 8-28-1936 Chas. A George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1936, to Aug 26, 1936

I last saw her alive on Aug 26, 1936. 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:

	Date of onset
Typhoid fever	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) W. H. Burke, M. D.

(Address) 140 Woodruff Bldg.

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.