

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

A. P. Anderson
Do not use this space.

OCT 21 1936

34132

1. PLACE OF DEATH

County *Greene*

Registration District No. *3/8*

Township

Primary Registration District No. *2001*

City *Springfield*

(No. *540 E. Elm*)

File No.

Registered No. *762*

St.

Ward

2. FULL NAME

(a) Residence, No. *540 E. Elm* St., Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

white

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

Widowed

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

J. J. Hill

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

Jan 6 - 1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

80

7

29

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

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

Petty Co. Mo

13. NAME

H. C. White

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

Ky

15. MAIDEN NAME

Kate C. Chamberlain

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

Ky

17. INFORMANT (ADDRESS)

Mrs Arthur Turcotte Jonesboro, Miss

18. BURIAL, CREMATION, OR REMOVAL PLACE

Not worshipped at Kansas City Mo DATE Sept 8 - 36

19. UNDERTAKER (ADDRESS)

Alma L. Lippert Springfield Mo

20. FILED

9/10 1936 *Chas a George Registrar*

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

Sept 5 1936

22. I HEREBY CERTIFY, That I attended deceased from

James

Sept 5 1936 to Sept 5 1936

I last saw him alive on *Sept 1 1936* Death is said to have occurred on the date stated above, at *5:00* p. m.

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

Cancer of Vulva

Date of onset

Do not know

Other contributory causes of importance:

Name of operation

none

Date of

What test confirmed diagnosis?

obvius test

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)

A. Anderson

(Address)

Springfield Mo

M. D.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

