

OCT 21 1936

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

Do not use this space.

34201

## 1. PLACE OF DEATH

County GreeneRegistration District No. 318

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 200Registered No. 834City Springfield, Mo.W. Baptist Hosp

St. \_\_\_\_\_

Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_

St. \_\_\_\_\_

Ward. \_\_\_\_\_

(Usual place of abode)

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

F

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 OFO. L. Howser

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

April 6, 1901

7. AGE

YEARS

35

MONTHS

5

DAYS

24If 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.

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)Joplin, Mo.

FATHER

13. NAME

Eliza Reeper14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Ill

MOTHER

15. MAIDEN NAME

Julia Palmer16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Ill17. INFORMANT  
(ADDRESS)O. L. Howser

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Memphis, Tenn.

DATE

10-1-3619. UNDERTAKER  
(ADDRESS)Fred C. Harrison

20. FILED

9/30

19

36

BY

W. C. George

Registrar

## MEDICAL CERTIFICATE OF DEATH

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

9-30, 1936

22. I HEREBY CERTIFY, That I attended deceased from

9-20

19

36

to

9-30

19

I last saw her alive on 9-29, 1936. Death is saidto have occurred on the date stated above, at 7:35 a.m.

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

Date of onset

Carcinoma of stomach  
primary

Other contributory causes of importance:

Perforating carcinoma  
ulcer of stomach

Name of operation

Exploratory

Date of

9/20

What test confirmed diagnosis?

sp

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)

Robert Seymour

, M. D.

(Address)

Springfield

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.

FORM-1-20-36

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