

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

Dr. Robert Williams
Do not use this space.

NOV 27 1936

37348

1. PLACE OF DEATH

County Greene Registration District No. 315
Township Page Primary Registration District No. 2001
City Springfield Mo. No. 42940 St. Page Ward

2. FULL NAME

(a) Residence, No. St. Charles Junction Mo. Ward. (If nonresident, give city or town and State)
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oscar Duke
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24, 1879
7. AGE YEARS 57 MONTHS 6 DAYS 8 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 2 - 1936
22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1936, to Oct 2, 1936
I last saw her alive on Oct 2, 1936 Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

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

Gall. bladder Disease
no malignancy
Date of onset 29
40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk Co. Mo.

13. NAME W. A. Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Nancy Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

17. INFORMANT (ADDRESS) Oscar Duke St. Charles Junction Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Castlawn DATE Oct 4 - 1936

19. UNDERTAKER (ADDRESS) Alma J. Meyer Springfield Mo.

20. FILED 10/14 19 36 Chas. A. George Registrar.

Other contributory causes of importance:
None

Name of operation None 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 TC
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) Robert Williams, M. D.
(Address) Springfield Mo.

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.

