

JAN 29 1937

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

Do not use this space.

2158

44437

1. PLACE OF DEATH

County Green

Registration District No. 318

Township Springfield

Primary Registration District No. 2001

City Springfield (No. St. John's Hospital)

File No. 1064

Registered No. 1064

2. FULL NAME

(a) Residence, No. Monett, Mo St. Monett Ward. Mo  
(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 7 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) w

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24 - 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
✓ 6 10 29

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) Mo.

FATHER 13. NAME Ellis Annally Nunneley

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

MOTHER 15. MAIDEN NAME Colla Eden

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

17. INFORMANT (ADDRESS) James Huffmaster Monett, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Odellow DATE Dec. 25, 1936

19. UNDERTAKER (ADDRESS) Blankenships Monett, Mo.

20. FILED Dec 23 1936 Chas A. Georgetown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1936, to Dec 23, 1936

I last saw h. a. alive on Dec 23, 1936 Death is said to have occurred on the date stated above, at 10:20 A.M.

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

Bronchial Pneumonia  
Peritonitis  
Ruptured mesenteric Cyst  
Date of onset Nov 21, 1936  
Dec 4, 1936  
Other contributory causes of importance: Nov 24, 1936

Name of operation Laparotomy + drainage Date of Nov 30

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (trauma), fill in also the following: Accident, suicide, or homicide? no Date of injury Nov 30, 1936

Where did injury occur? 1018 (Specify city or town, county, and State)

Specify whether injury occurred industry, in home, or in public place.

Manner of injury fall Nature of injury fall

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

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.

