

MAR 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Green

Registration District No.

318

Township

Primary Registration District No.

2001

City

Springfield (No. 507 S Grant)

File No.

5945

Registered No.

0174

St.

Ward)

2. FULL NAME

(a) Residence, No.

507 S Grant

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

white

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

widowed

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

David Thompson

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

June 13-1859

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

✓

79

8

13

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

H-W.

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

St. Clair, Mo.

13. NAME

Buckner

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

not K.

15. MAIDEN NAME

not K.

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

.. ..

17. INFORMANT
(ADDRESS)

Mrs. Homer Utley

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Louis

DATE

Mar 2

1937

19. UNDERTAKER
(ADDRESS)Hutchinson Blue
Business Co.

20. FILED

Feb 27 1937

Chas A. George, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Feb 26 1937

22. I HEREBY CERTIFY, That I attended deceased from

2/26/37 19 to 2/26/37 19

I last saw her alive on 2/26/37 19. Death is said

to have occurred on the date stated above, at 7:30 a.m.

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

Mittal Regurgitation Date of onset

Other contributory causes of importance:

Heart Block

Name of operation

What test confirmed diagnosis? Clinical 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) A. E. Allday, 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.

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