

APR 21 1937

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

Dr. Lemmon
Do not use this space.

1. PLACE OF DEATH

County GreeneRegistration District No. 318File No. 11929Township SpringfieldPrimary Registration District No. 2001Registered No. 0232City Springfield (No. 22233)St. St. Johns Hospital Ward

2. FULL NAME

(a) Residence, No. 2323 7 Campbell 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) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alexander A. Compton6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 18777. AGE YEARS 59 MONTHS 8 DAYS 8 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Greene Co Mo (STATE OR COUNTRY)13. NAME Jonathan Hunt

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

15. MAIDEN NAME

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

17. INFORMANT Mrs. Florence Compton (ADDRESS) Springfield, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Green town DATE Feb 20 193719. UNDERTAKER Olma J. Meyer (ADDRESS) Springfield, Mo20. FILED Mar 20 1937 Chas. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18 193722. I HEREBY CERTIFY, That I attended deceased from 3/12, 1937, to 3/18, 1937.I last saw her alive on 3/18, 1937. Death is said to have occurred on the date stated above, at 3:06 P.M.

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

Dr Date of onset 3/9 1937BronchopneumoniaOther contributory causes of importance: None

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) Dr. Lemmon, 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.

