

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

Anderson AUG 23 1937

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

Do not use this space.

27251

1. PLACE OF DEATH
 39 County Greene Registration District No. 318
 Township I Primary Registration District No. 2001
 City Springfield (No. 617) S. Market St. I Ward I

2. FULL NAME Maud Florence Mack
 (a) Residence, No. 617 S. Market St., I Ward I
 (Usual place of abode)
 Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 606
 Registered No. 606
 St. I Ward I

PERSONAL AND STATISTICAL PARTICULARS

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 J. N. Mack

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 19, 1880

7. AGE YEARS 56 MONTHS 11 DAYS 7 If LESS than 1 day, hrs. or min.

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

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) Springfield, Mo.

FATHER 13. NAME John Holland

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

MOTHER 15. MAIDEN NAME J. Ann Carrill

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

17. INFORMANT Max Jeff Wase (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE July 27, 1937

19. UNDERTAKER Wm. C. O'Connell (ADDRESS) Springfield, Mo.

20. FILED July 26, 1937 Chas. A. Georgetown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1937

I HEREBY CERTIFY That I attended deceased from July 24, 1937, to July 25, 1937
 I last saw her alive on July 25, 1937. Death is said to have occurred on the date stated above, at 12:11 a.m.
 The principal cause of death and related causes of importance were as follows:
General carcinomatosis
Distending an ovary
 Date of onset XII

Other contributory causes of importance:
Purpura exanthatica

Name of operation exploratory Date of about Aug 2, 1937
 What test confirmed diagnosis? primary 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) A. Anderson M. D.
 (Address) 606 Medical Arts Bldg

