

SEP 17 1937

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

Do not use this space.

30678

1. PLACE OF DEATH

County Greene

Registration District No. 318

File No. _____

Township _____

Primary Registration District No. 2001

Registered No. 637

City Springfield No. _____

St. Clark, Osteopathic Hosp Ward _____

2. FULL NAME

(a) Residence, No. Yellow Springs St. _____ Ward. Willow Springs Mo
(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

3. SEX

Female

4. COLOR OR RACE

White

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

Widow

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

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

Don't know

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>21</u>	<u>83</u>	<u>unknown</u>	<u>unknown</u>	<u>unknown</u>

OCCUPATION

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

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) UK

13. NAME UK

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

15. MAIDEN NAME UK

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

17. INFORMANT (ADDRESS) My Rose Pallard, Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Willow Springs Mo Aug 9, 1937

19. UNDERTAKER (ADDRESS) Burns Wyl. Co Willow Springs Mo

20. FILED Aug 7, 1937 Chas A George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1937, to Aug 7, 1937

I last saw her alive on Aug 7, 1937

Death is said to have occurred on the date stated above, at 6:10 PM

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

carcinoma of the liver
apparently primary condition

Other contributory causes of importance:

myocarditis chronic

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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) William D. Hedges

(Address) 560 E. Walnut, 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.

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