

SEP 17 1937

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

Do not use this space.

30714

1. PLACE OF DEATH

County *Greene*Registration District No. *318*

Township

Primary Registration District No. *2001*City *Springfield*(No. *Barge Hospital*)File No.
Registered No. *675*
St. Ward)

2. FULL NAME

(a) Residence, No. *1862 N. National* St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *41* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *w* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Dr. J. L. Ormsbee*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 8, 1881*7. AGE YEARS *56* MONTHS *2* DAYS *16* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House w/ife*

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) *Berkeley, W. Va.*13. NAME *Peter C. Shumate*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Berkeley, W. Va.*15. MAIDEN NAME *Isabelle Lester*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Berkeley, W. Va.*17. INFORMANT *Norbert Shumate* (ADDRESS) *Springfield, Mo.*18. BURIAL, CREMATION, OR REMOVAL PLACE *Clegg Creek* DATE *August 25, 1937*19. UNDERTAKER *P. C. Whinnier* (ADDRESS) *Springfield, Mo.*20. FILED *Aug 25, 1937* *Chas. A. George* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *August 24, 1937*22. I HEREBY CERTIFY, That I attended deceased from *Oct 1, 1936, to Aug 24, 1937*I last saw her alive on *Aug 24, 1937* Death is said to have occurred on the date stated above, at *11 A. m.*

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

Date of onset

*Cancer of Right Breast primary 1932*Other contributory causes of importance: *50 Sarcoma under left arm*

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) *J. L. Ormsbee* M. D.
(Address) *1862 N. National St. 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.

