

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

*Dr. Roseberry*  
Do not use this space.  
37688

**NOV 17 1937**

**1. PLACE OF DEATH**

County Greene Registration District No. 318 File No. 1008  
 Township Springfield Primary Registration District No. 2001 Registered No. 1008  
 City Springfield St. Baptist Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Macks Creek, Mo. Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 10/27 1937 to 10/17/37 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30 - 1900

I last saw her alive on 10/17/37 1937. Death is said to have occurred on the date stated above, at 10:25 P.M.

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
35 36 11 17

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

Uterine carcinoma  
primary  
 Date of onset \_\_\_\_\_

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 \_\_\_\_\_

Other contributory causes of importance: HO

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Candleno Missouri

13. NAME Rafael Stone

Name of operation Hysterectomy Date of 10/27  
 What test confirmed diagnosis? menjary Was there an autopsy? \_\_\_\_\_

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

15. MAIDEN NAME Lucinda Gibson

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)

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

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

17. INFORMANT (ADDRESS) Yes, Raymond Williams Springfield, Mo.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Macks Creek, Mo. DATE Oct. 20 1937

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_

19. UNDERTAKER (ADDRESS) Alma Johnson Springfield, Mo.

(Signed) S. E. Roseberry M. D.  
 (Address) 618 Woodruff Bldg.

20. FILED Oct 18 1937 Chas. A. Morgan Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

OCCUPATION  
 FATHER  
 MOTHER

