

NOV 17 1937

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

Do not use this space.

37712

1039

1. PLACE OF DEATH

County Green Registration District No. \_\_\_\_\_

Township \_\_\_\_\_ Primary Registration District No. 2001

City Springfield Mo (No. \_\_\_\_\_) St. John's Hospital

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. 2 How long in U. S., if of foreign birth yrs. mos. ds. Niangua Mo  
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Harbner Sactor</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 10 - 1869</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>3</u>	DAYS <u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1937, to Oct 30, 1937. I last saw her alive on Oct 30, 1937. Death is said to have occurred on the date stated above, at 11:00 a.m. The principal cause of death and related causes of importance were as follows:

Pneumonitis - labor Date of onset

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Co

FATHER

13. NAME Joseph Williams

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

MOTHER

15. MAIDEN NAME Julia Stevenson

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

17. INFORMANT Mrs S.P. Sactor  
(ADDRESS) 520 Lively apt, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Amity DATE 11/1/37

19. UNDERTAKER Rev. R. R. ...  
(ADDRESS) ...

20. FILED Oct 31 1937 Chas. H. Goetzky  
Registrar

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? \_\_\_\_\_

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) Emmanuel I, M. D.  
(Address) Springfield MO.

N. B.—Every item of information should be carefully supplied. AOB means no state certificate supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

