

JAN 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County GreeneRegistration District No. 316

Township

Primary Registration District No. 2001

City

(No. 1101)S. New

St.

Ward)

2. FULL NAME

(a) Residence, No. 1101 S. New

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 4 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 OFHenry Sands

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

June 28, 1849

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.88526

OCCUPATION

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

Home Mother

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)Rushville, Ia

13. NAME

William Carty14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown

15. MAIDEN NAME

Jeffers16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown17. INFORMANT
(ADDRESS)Alta Lawrence Horner
1101 S. New

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cassville, Mo. DATE Dec 26, 193719. UNDERTAKER
(ADDRESS)F. L. Thompson
Springfield, Mo.

20. FILED

Dec 27, 1937
Chas. H. Gorgas
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Dec 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Dec 24, 1937, to Dec 24, 1937I last saw her alive on Dec 24, 1937 Death is saidto have occurred on the date stated above, at 4 p.m.

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

Coronary Thrombosis.Date of onset
Dec 23, 1937

Other contributory causes of importance:

fracture Femur.Nov 37Name of operation none Date ofWhat 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)

Francis B. Gallup M. D.

(Address)

Springfield

45413

File No.

Registered No.

1199

194B

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

45-413
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 318
(b) Township Springfield Mo. Primary Registration District No. 2001
(c) City Springfield Mo. (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Francis Sands St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS 88 MONTHS 5 DAYS 26 If LESS than 1 day, ... hrs. or min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)
FATHER 13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
MOTHER 15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.
19. FUNERAL DIRECTOR (ADDRESS)
20. FILED Mar 10 1938 Chas A George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24 1937

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw him..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

costly Thrombosis
1860
Other contributory causes of importance: Fracture Femur Nov 10 37.

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov 10, 1937

Where did injury occur? at home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Slipped on a rock at home
Nature of injury Fracture femur

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Agnes B. Campbell, M. D.

(Signed) Agnes B. Campbell (Address) 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

