

JAN 18 1938

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

Do not use this space.

45426

File No. 1213  
Registered No. 1213  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County Greene Registration District No. 315  
Township \_\_\_\_\_ Primary Registration District No. 2001  
City Springfield (No. 812 G. Pacific)

2. FULL NAME

(a) Residence, No. 812 G. Pacific St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF M. (Moses)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3-1877

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, or min.
<input checked="" type="checkbox"/>	<u>60</u>	<u>9</u>	<u>25</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. House Wife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In home  
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) Mo. Palk Manor

13. NAME Palk Manor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Unknown 31

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

17. INFORMANT Mrs. R. N. Truch (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL Green Lawn DATE Dec 30, 37

19. UNDERTAKER J. W. Higgins & Co. (ADDRESS) Springfield, Mo.

20. FILED Dec 29, 1937 Chas. A. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28 1937

22. I HEREBY CERTIFY that I attended deceased from Sept 15, 1937 to Dec 28, 1937  
I last saw her alive on Dec 28, 1937 Death is said to have occurred on the date stated above, at 10 P. M.

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

Carcinoma of Liver primary Date of onset 7/1/37

Other contributory causes of importance: HO

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

What test confirmed diagnosis Symptoms Was there an autopsy? NO

23. If death was due to external cause (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? If so, specify J. S. Bruton, M. D.  
(Signed) \_\_\_\_\_ (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.

