

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

Dr. Beattie
Do not use this space.

JAN 18 1938

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Springfield Mo. Bridge Hospital Primary Registration District No. 2001
City Springfield Mo. Bridge Hospital St. Mo. Ward 1

45428
File No. 1215
Registered No. 1215
St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. 1142 Nichols St. Mo. Ward 1
(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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22 1853

7. AGE YEARS 84 MONTHS 3 DAYS 7 If LESS than 1 day,hrs. ormin.

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 26 1/2

12. BIRTHPLACE (CITY OR TOWN) Cooper Co. Missouri (STATE OR COUNTRY)

13. NAME Authrie Gail

14. BIRTHPLACE (CITY OR TOWN) Ny. (STATE OR COUNTRY) 2

15. MAIDEN NAME Eliza Mc

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

17. INFORMANT (ADDRESS) Wm. G. G. G.

18. BURIAL CREMATION OR REMOVAL PLACE Clay Creek DATE Dec. 30 1937

19. UNDERTAKER (ADDRESS) Wm. G. G. G.

20. FILED Dec 30 1937 Registrar Chas. C. G. G.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 37 to Dec 28 37.

I last saw her alive on Dec 28 37 Death is said to have occurred on the date stated above, at 7a m.

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

Adeno Carcinoma of Rectum Date of onset 1936

Other contributory causes of importance: 46

Name of operation None Date of no
What test confirmed diagnosis? Biopsy 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 William R. Beattie M. D.
(Signed) William R. Beattie
(Address) 514 W. 1st St. 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.

