

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

Do not use this space.

1. PLACE OF DEATH

County GREENE

Registration District No. 315

File No. 2812

Township SPRINGFIELD

Primary Registration District No. 2001
(No. Clark Osteopathic Hospital)

Registered No. 79
Ward

2. FULL NAME

Novel Elizabeth Hallingworth

(a) Residence, No. Aurora, Mo. St. Mo. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 33 mos. 9 ds. 25 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 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 Leon Hallingworth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 9 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Laurance, Mo.

FATHER 13. NAME M. H. Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laurance, Mo.

MOTHER 15. MAIDEN NAME Emma Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laurance, Mo.

17. INFORMANT Leone Bagan
(ADDRESS) Marionville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Luke's DATE Jan 26, 1938

19. UNDERTAKER Woods' Funeral Home
(ADDRESS) 229 West Eighth

20. FILED Jan 26, 1938 Chas. A. George
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan, 17, 1938, to Jan, 26, 1938. I last saw her alive on Jan 27, 1938. Death is said to have occurred on the date stated above, at 9:50 a.m.
The principal cause of death and related causes of importance were as follows:

Infection of the thigh resulting from injury (fall) to thigh several years ago

Other contributory causes of importance:
Operated myself of the femur 15

Name of operation ph. femur Date Jan 21, 1938
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? Fall Date of injury 19
Where did injury occur? Aurora
(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 3
(Signed) William P. Stiegel ABO.
(Address) 2100 S. Holland Springfield, Mo.

104B

RECEIVED

FEB 24 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

2812
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 318
 (b) Township _____ Primary Registration District No. 2001 Registered No. _____
 (c) City Springfield (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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 9 23

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 _____ 19 _____

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 1938

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

I last saw h. _____ 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:

Infection of the thigh resulting from injury to thigh several years ago. Date of onset _____

Other contributory causes of importance: _____

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? _____ Date of injury July 1938

Where did injury occur? Home (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 Brain which caused paralysis.

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) William L. Wetzel M. D.

(Address) 2100 S. Holladay
Springfield Mo

SUPPLEMENT

154

1938

5-2812