

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Freeman
REC'D SEP 21 1938

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

Do not use this space.

28928
664

1. PLACE OF DEATH
39 County Greene Registration District No. 318
Township Springfield Primary Registration District No. 2901
5 City Springfield No. Springfield Baptist Hospital St. Mo. Ward Pleasant Hope
6 2. FULL NAME Chas E. Nett 360
(a) Residence, No. 360 St. Mo. Ward Pleasant Hope
(Usual place of abode) (If nonresident, give city or town and State)
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.

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 Roy Nett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14-1904
7. AGE YEARS 33 MONTHS 10 DAYS 13 If LESS than 1 day, hrs. or min.
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) Kansas
13. NAME Bayr Lodar
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kan
15. MAIDEN NAME Bessie Bonney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kan
17. INFORMANT Bayr Lodar
(ADDRESS) Lawrence, Kansas
18. BURIAL, CREMATION, OR REMOVAL PLACE Doria Gross Aug 31 1938
19. UNDERTAKER Hutchinson
(ADDRESS) 1504 W. 13th St. Okm
20. FILED Aug 28 1938 Registrar Chas A. Gering

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28 1938
22. I HEREBY CERTIFY That I attended deceased from 7:25 1938, to 8:27 1938
I last saw her alive on 8-27 1938 Death is said to have occurred on the date stated above, at 11:15 P.M.
The principal cause of death and related causes of importance were as follows:
Typhoid Fever Date of onset 7-20-38
Other contributory causes of importance: 1
Name of operation none Date of —
What test confirmed diagnosis? micro Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 none
Nature of injury —
24. Was disease or injury in any way related to occupation of deceased?
If so, specify —
(Signed) J. F. Freeman, M. D.
(Address) Springfield Mo

