

330 AUG 14 1939

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

25598
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 316
(b) Township _____ Primary Registration District No. 2001 Registered No. 534
(c) City SPRINGFIELD (d) Street No. 818 W. DIVISION 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

620 MAUDE B. PIERCE
(a) Residence, No. 818 W. DIVISION 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 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 OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1879
7. AGE YEARS 59 MONTHS 6 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Work
9. Industry or business in which work was done, as 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) Greene Co. Mo.
13. NAME Andrew J. Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn. Mo.
15. MAIDEN NAME Martha Jane Dickey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn. Mo.
17. INFORMANT (NAME) (ADDRESS) Wm. A. Smith
Springfield, Mo.
18. BURIAL, CREMATION, OR REMOVAL Green Lawn Date July 3, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. W. Hughes & Co.
Springfield, Mo.
20. FILED 7-13 19. Chas. D. Berglund Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1939
22. I HEREBY CERTIFY That attended deceased from 10-7, 1939 to 6-30, 1939
I last saw her alive on 6-30, 1939 Death is said to have occurred on the date stated above, at 7:00 P. m.
The principal cause of death and related causes of importance were as follows:
Carcinoma at first of breast then by metastasis throughout body.
Date of onset ?
Other contributory causes of importance: 50
Name of operation _____ Date of _____
What test confirmed diagnosis? clinical + physical 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 _____
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) Mary Jean Acheuten, M. D.
333 E. McDaniel

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *William Ray Thole*

Licensed Embalmer No. *4076*

P. O. Address *Springfield, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.