

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.

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

*J. D. Lamm*  
Do not use this space.

1042

## 1. PLACE OF DEATH

County *Greene*Township *Springfield*City *Springfield*Registration District No. *318*Primary Registration District No. *209*(No. *1544*)

## 2. FULL NAME

(a) Residence, No. *1544*

(Usual place of abode)

St. *Swing*

Ward.

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.

File No.

Registered No. *102*

St.

Ward)

## 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*Joe Hodges*

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

*Sep 17-1854*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, hrs. min.*78**4**9*

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.*At Home*9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.*House work*10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)*Bates Co.  
Mo.*

MOTHER

13. NAME

*Alfred Harris*14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)*unknown*

15. MAIDEN NAME

*Mary A. McBlade*16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)*Ohio*17. INFORMANT  
(ADDRESS)*Fannie Hodges  
1544 Swing*

18. BURIAL, CREMATION, OR REMOVAL

*Northwood Cemetery*

DATE

*Jan 28, 1933*19. UNDERTAKER  
(ADDRESS)*J. W. Higgins  
Springfield, Mo.*

20. FILED

*1-28-33*

Registrar

## 2 MEDICAL CERTIFICATE OF DEATH

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

*Jan 26, 1933*

22. I HEREBY CERTIFY, that I attended deceased from

*Jan 1, 1927, to Jan 26, 1933*last saw him alive on *Jan 20, 1933*. Death is saidto have occurred on the date stated above, at *6:25 P.M.*

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

*Carcinoma of Breast*

Date of onset

*50**47B 50*

Other contributory causes of importance:

*metastases to lungs*Name of operation *None*

Date of

What test confirmed diagnosis?

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?

If so, specify

(Signed) *Joseph D. Lamm*(Address) *Springfield Mo*

M. D.

