

JUN 25 1930

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

Do not use this space.

15867

1. PLACE OF DEATH

County Greene Registration District No. 318

Township Springfield Primary Registration District No. 2006

City Springfield (No. 1615 E. Thoman)

File No. ....

Registered No. 390

St. .... Ward)

2. FULL NAME

(a) Residence. No. 1615 E. Thoman St. .... Ward.

(Usual place of abode)

(If nonresident give city or town and State)

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

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 Ezra G. Wood

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 24-1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hra. or .... min.  
38 | 6 | 28

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work House Wife  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER George Rippee

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Scriver

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.  
(STATE OR COUNTRY)

14. INFORMANT E. G. Wood  
(Address) Springfield, Mo.

15. FILED 5-24-30 19 30 For Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 22-1930

17. I HEREBY CERTIFY That I attended deceased from May 1, 1930, to May 7, 1930, and that I last saw her alive on May 7, 1930, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Uterine Cancer

48

(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 46

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF L

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chemical

(Signed) Henry J. Ruess, M. D.

(Address) 450 1/2 E. Canal

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Pleasant Hill Cemetery DATE OF BURIAL May 25 1930  
Hartsville Mo

20. UNDERTAKER J. W. Kingman ADDRESS 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.

