

NOV 22 1930

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

Do not use this space.

1. PLACE OF DEATH

County Frank

Registration District No. 318

Township Springfield

Primary Registration District No. 200P

City Springfield (No. 332 W Chestnut)

File No. 32659
Registered No. 808
St. _____ Ward)

2. FULL NAME

(a) Residence. No. 332 W Chestnut St. _____ Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 13, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 41 9 15

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

10. NAME OF FATHER Stew Hinton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Wis.
12. MAIDEN NAME OF MOTHER Myr Lambert
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Wis.

14. INFORMANT Wm Curran (Address) 332 W. Chestnut

15. FILED 10-30, 1930 For Thrupp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-28 1930

17. I HEREBY CERTIFY, That I attended deceased from 10-18, 1930, to 10-28, 1930 that I last saw h. alive on 10-27, 1930, and that death occurred, on the date stated above, at 2 day m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Lobar
108
(duration) yrs. mos. ds. 10/10
CONTRIBUTORY (SECONDARY) 10/10
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____ WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) U. F. Kern M. D. 30, 1930 (Address) Springfield Mo.

*State the DISEASE CAUSING DEATH, or to 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 Maple Ridge DATE OF BURIAL 10-31 1930

20. UNDERTAKER W. T. Korne ADDRESS Wm Curran Maple Ridge

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.

RECORDING INSTRUMENTS IS A PERMANENT RECORD

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