

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

Do not use this space.

15859

1. PLACE OF DEATH

County Greene
Township
City Springfield (No. 1000 W Scott)

Registration District No. 318
Primary Registration District No. 2001

File No.
Registered No. 359
St. Ward)

2. FULL NAME

(a) Residence, No. 1000 W Scott 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug - 10 - 1852</u>				
7. AGE	YEARS <u>79</u>	MONTHS <u>9</u>	DAYS <u>2</u>	If LESS than 1 day, hrs. min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home Work</u>			
	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) <u>North Carolina</u>				
FATHER	13. NAME <u>Cox</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT (ADDRESS) <u>Mrs A B Baker 1000 W Scott St</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blaine</u> DATE <u>May 13</u> 19 <u>32</u>				
19. UNDERTAKER (ADDRESS) <u>Springfield Mo</u>				
20. FILED <u>5213</u> 19 <u>32</u> <u>Don Sharp</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1 1932 to May 12 1932
I last saw her alive on May 12 1932 Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Senility
110
162
110
Other contributory causes of importance:
Influenza
Date of onset

Mode of operation no Date of no
What test confirmed diagnosis? clinical 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 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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) M T Edmondson M. D.
(Address) 318 E College St

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.

JUN 22 1932

WITH CONTINUING INK—THIS IS A PERMANENT RECORD

