

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 4 1934

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

Do not use this space.

Dr. Henry
3622pbh

1. PLACE OF DEATH

39 County Greene Registration District No. 318 File No. _____
Township _____ Primary Registration District No. 5440 Registered No. 799
City Springfield, Mo. Rt. 9 - Springfield, Mo. (Ward) _____

2. FULL NAME

(a) Residence, No. Rt 9 Springfield 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF O. B. Fields
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30 - 1853
7. AGE YEARS 80 MONTHS 2 DAYS 15 If LESS than 1 day, hrs. min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
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) Alabama

13. NAME Hacutt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Waukegan DATE Nov 17 1933

19. UNDERTAKER (ADDRESS) Helma Lammeyer
Springfield Mo.

20. FILED 11/17, 1933 Ralph Hanger
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-14-1933 to 11-15-1933
I last saw her alive on 11-14-1933 death is said to have occurred on the date stated above, at 6:30 m.
The principal cause of death and related causes of importance were as follows:

Aortic Regurgitation Date of onset _____
92A
97
Other contributory causes of importance: Arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Henry F. Kuehn, M. D.
(Address) 4-10 1/2 E. Canal

