

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

Do not use this space.

See Conf
17-5945

1. PLACE OF DEATH
 County Moine Registration District No. 318
 Township Magwood Primary Registration District No. 2001
 City Magwood (No. 520 Mt. Vernon St.) St. _____ Ward _____
 2. FULL NAME Mildred Teacher
 (a) Residence, No. 520 Mt. Vernon St. Ward _____ (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James J. Teacher
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 - 1896
 7. AGE YEARS 86 MONTHS 2 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) Moine County Missouri

FATHER
 13. NAME James C. Campbell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
 15. MAIDEN NAME Mary Snowell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT Mrs. W. D. Campbell
 (ADDRESS) 520 Mt. Vernon St.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Magwood DATE Aug 24 32

19. UNDERTAKER Magwood
 (ADDRESS) Springfield Mo

20. FILED 8-23 1932 Ralph W. Langlin
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22 1932
 22. I HEREBY CERTIFY, That I attended deceased from July 30, 1932, to Aug 22, 1932
 I last saw him alive on July 31, 1932 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Dissect of gall bladder and cardiac vascular disease
 95B
 177B 95B
 Other contributory causes of importance: _____
 Date of onset _____

Name of operation no 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) R. L. Cox, M. D.
 (Address) 77 1/2 South

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.

85-151 82 1932

