

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

Dr. J. S. James
 Do not use this space.
 32198
 683

REC'D OCT 20 1938

1. PLACE OF DEATH
 39 County Greene Registration District No. 316
 Township _____ Primary Registration District No. 2001 File No. _____
 3 City Springfield Mo. St. John's Hospital Registered No. _____
 6 2. FULL NAME Verneal Wright Lee St. _____ Ward) _____
 (a) Residence, No. 1124 N. Jefferson 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 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 Francis Lee
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4, 1895
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 3 28
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Same
 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) Springfield, Missouri
 MOTHER 13. NAME J. P. Wright
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.
 15. MAIDEN NAME Emma Hubner
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.
 17. INFORMANT (ADDRESS) Francis Lee
 18. BURIAL, CREMATION OR REBURYAL PLACE Maple Park DATE Sept. 4 1938
 19. UNDERTAKER (ADDRESS) Anna Goshen
 20. FILER Sept 3 1938 Chas. A. George Registrar No. 290

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2 1938
 22. I HEREBY CERTIFY, That I attended deceased from Aug. 7 1938 to Sept. 2 1938
 First saw him alive on Sept 2 1938 Death is said to have occurred on the date stated above, at 4 P. m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia.
 Date of onset _____
 Other contributory causes of importance:
Myoma. Uterus
Cystitis
 Name of operation Total Hysterectomy Date of 8-9-38
 What test confirmed diagnosis? Laboratory as there an autopsy? Yes
 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?
 If so, specify _____ (Signed) Joseph S. James, M. D.
 (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.

