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.

JUL 26 1927

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

Do not use this space.

18009

1. PLACE OF DEATH
County Greene — Registration District No. 318
Township Springfield — Primary Registration District No. 2001
City Springfield (No. 515 N. Division St. Ward) — File No. — Registered No. 352

2. FULL NAME Pauline Stubblefield
(a) Residence. No. 515 N. Division 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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 6 - 1915

7. AGE: Years 12 | Months 5 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child at Home
(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): Ark

PARENTS
10. NAME OF FATHER: Charley C. Stubblefield
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Dola Irene Cahill
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Texas

14. INFORMANT: C. C. Stubblefield
(Address) Springfield, Mo.

15. FILED 6/7, 1927 O. C. Horst MD REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 6-6- 1927

17. I HEREBY CERTIFY, That I attended deceased from One day only, 19 to 6-6-27, 19 that I last saw her alive on 6-6-27, 19, and that death occurred, on the date stated above, at about 9:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mellitus
59 I do not know — (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 57 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Sugar tests
(Signed) Garrett Hogg, M. D
6-7, 1927 (Address) Springfield - Mo

*State the DISEASE CAUSING DEATH, or in 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 Park Cemetery — DATE OF BURIAL: June 8 1927

20. UNDERTAKER: J. W. Klingner & Co. — ADDRESS: 4246 Conn'l Springfield Mo.