

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

Do not use this space.

24743

File No. _____
Registered No. **507**
St. _____ Ward _____

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Springfield Primary Registration District No. 2091
City Springfield (No. # 21 E. Pacific)

2. FULL NAME

(a) Residence, No. Edwood no. P # 11 St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Arthur M. Scheid</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 29-1884</u>		
7. AGE	YEARS <u>47</u>	MONTHS <u>5</u>
	DAYS <u>1</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housework</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>✓</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark</u>		
FATHER	13. NAME <u>Charles Z. Williams</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mass.</u>	
MOTHER	15. MAIDEN NAME <u>Johnie E. Roberts</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark</u>	
17. INFORMANT (ADDRESS) <u>Arthur M. Scheid Edwood no. P # 11</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Maple Park cemetery July 3 1931</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. Hughes & Co Springfield, Mo.</u>		
20. FILED <u>7-3</u> 19 <u>31</u> <u>For Sharp</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 1931

22. I HEREBY CERTIFY, that I attended deceased from July 1 - 1931 to July 6 - 1931. I last saw him alive on July 1 - 1931. Death is said to have occurred on the date stated above, at 1:30 p.m. The principal cause of death and related causes of importance were as follows:
Chronic pericarditis
131 Nephritis
99
Other contributory causes of importance:
Atherosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Stained 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 ✓, 1931. 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 None

(Signed) H. W. E. Coquil M. D.
(Address) Springfield, Mo.

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.

AUG 26 1931

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