

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

Do not use this space.

2477 Dr. Lemmon

1. PLACE OF DEATH

County Greene Registration District No. 3 18
 Township Springfield, Mo. Primary Registration District No. B 101
 City Springfield, Mo. 975 N. Jefferson St. _____ Ward _____

File No. _____
 Registered No. 548
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 975 N. Jefferson 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 <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 OR (OR) WIFE OF <u>Ed Diehl</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 19 1881</u>					
7. AGE YEARS <u>50</u>		MONTHS <u>11</u>		DAYS <u>11</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home</u>					
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) <u>Billings Missouri</u>					
13. NAME <u>Geo. De Witt</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>					
15. MAIDEN NAME <u>Mary Hedges</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>					
17. INFORMANT <u>Ed. Diehl</u> (ADDRESS) <u>975 N. Jefferson</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Park</u> DATE <u>7-23-1931</u>					
19. UNDERTAKER <u>W. H. J. Meyer</u> (ADDRESS) <u>334 St. Louis</u>					
20. FILED <u>7-22-1931</u> <u>John Sharp</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22 - 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 1926 to 7 -, 1928

I last saw her alive on _____, 1928. Death is said to have occurred on the date stated above, at 6.10.6 mi. The principal cause of death and related causes of importance were as follows:

She was dead when I arrived this morning when I last saw her she had chronic myocarditis & arterial hypertension.

Other contributory causes of importance:
They say she had a pain in her chest just before she died - 930

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) J. B. Lemmon, 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

MAINTAINED FOR BINDING

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