

REC'D APR 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHDr. Silsby
10749
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 316
(b) Township Springfield Primary Registration District No. 2001 Registered No. 223
(c) City Springfield Street No. Bunge Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Residence, No. 1139 N. Jefferson St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie Darby6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 18747. AGE YEARS 73 MONTHS 11 DAYS 8 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as saw mill, bank, etc. dentist 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ArkansasFATHER 13. NAME Leona F. Darby14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IllinoisMOTHER 15. MAIDEN NAME Maitha Andrew16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.17. INFORMANT (ADDRESS) Mrs. Mattie Darby
Springfield, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE March 11, 193819. FUNERAL DIRECTOR (ADDRESS) Alma Tompkins
Springfield, Mo.20. FILED Mar 11, 1938 Chas. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 193822. I HEREBY CERTIFY That I attended deceased from Mar 4, 1938 to Mar 9, 1938I last saw him alive on March 9, 1938. Death is said to have occurred on the date stated above, at 8:30 P. M.

The principal cause of death and related causes of importance were as follows:

Pneumonia, lobar

Date of onset

3/8/38

Other contributory causes of importance:

Age 73 yrsName of operation none Date ofWhat test confirmed diagnosis? Clinical 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, 19Where 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) Wm H. Silsby, M. D.(Address) Springfield, Mo.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)