

REC'D APR 19 1938

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

10785

Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 318
(b) Township _____ Primary Registration District No. 2001 Registered No. 260
(c) City Springfield, Mo. (d) Street No. Springfield Baptist 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

Mrs. Belle Wood 300
(a) Residence, No. Gainesville, Mo. St. Gainesville Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21 1872

AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
66

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) Missouri

FATHER 13. NAME J. D. Scott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Orvis Woods
(ADDRESS) Gainesville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gainesville, Mo. DATE March 25, 1938

19. FUNERAL DIRECTOR H. H. Lohmeyer Funeral Home
(ADDRESS) Springfield, Mo.

20. FILED Mar 25 1938 Chas. A. Berger
Local Registrar 290

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1938 to March 24, 1938

I last saw her alive on March 23, 1938. Death is said to have occurred on the date stated above, at 7:10 A. M.

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

Diabetes Mellitus Date of onset unknown

7 Other contributory causes of importance: 59'

Depression of urine 3/21/38

Name of operation Vaginal Hysterectomy Date of 3/18/38

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 No

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) Robert Geymon 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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Leah Gorman, Licensed Embalmer No. 3177

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by, Registered Apprentice No.
working under my personal supervision.

Signed Leah Gorman

Licensed Embalmer No. 3177

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.)