

APR 9 1938

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

10791
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. 265
 (c) City Springfield (d) Street No. St. John's 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 Rosie Blanche Squibb De Board (or 201)
 (a) Residence, No. Republic Mo 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Ralph De Board
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
✓ 47 4 19

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. Housewife
 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 Prior Squibb
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
 15. MAIDEN NAME Elizabeth West
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Ralph De Board Republic Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Republic Mo DATE Mar 27, 1938

19. FUNERAL DIRECTOR (ADDRESS) W. Thurman Co Republic Mo

20. FILED Mar 25 1938 Chas A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/25 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/1 1938, to 3/25 1938
 I last saw her alive on 3/24 1938 Death is said to have occurred on the date stated above, at 9 A.m.
 The principal cause of death and related causes of importance were as follows:
Carcinomatosis, general Date of onset 2/15 '38
50'
 Other contributory causes of importance:
Carcinoma of R. breast (removed 15 yrs. ago) 1932

Name of operation - Date of -
 What test confirmed diagnosis? Biopsy Was there an autopsy? yes

23. If death was due to external cause (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) H. B. Lemmon (Address) Springfield, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X12004

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.)