

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.

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

21844  
Do not use this space.

JUL 20 1938

1. PLACE OF DEATH  
 (a) County Greene Registration District No. 316  
 (b) Township \_\_\_\_\_ Primary Registration District No. 2001 Registered No. 464  
 (c) City Springfield (d) Street No. 2301 1/2 Grant 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 Stittie Jane Walworth  
 (a) Residence, No. 2301 1/2 Grant Ave 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					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>June 6</u> , 19 <u>37</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lee Walworth</u>			22. I HEREBY CERTIFY That I attended deceased from <u>June 3</u> , 193 <u>8</u> , to <u>June 6</u> , 193 <u>8</u> Last saw him alive on <u>June 6</u> , 193 <u>8</u> . Death is said to have occurred on the date stated above, at <u>7:15</u> p.m. The principal cause of death and related causes of importance were as follows: <u>Cerebral hemorrhage</u> <u>Essential hypertension</u> Date of onset <u>6/3/38</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 27 1880</u>					7. AGE YEARS <u>57</u> MONTHS <u>9</u> DAYS <u>9</u> If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Wife</u>					
	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) <u>Robinson Illinois</u>					Other contributory causes of importance: <u>Essential hypertension</u>	
FATHER	13. NAME <u>Thomas Smith</u>				Name of operation _____ Date of _____	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Robinson Illinois</u>				What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>No</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Tracy</u>				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. _____	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Robinson Illinois</u>				Manner of injury _____ Nature of injury _____	
17. INFORMANT (ADDRESS) <u>Mrs. Wm. B. Miles Springfield Mo</u>					24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>Arthur D. Smith</u> (Address) <u>450 1/2 E. Court St</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>McGraw</u> DATE <u>June 8 1938</u>						
19. FUNERAL DIRECTOR (ADDRESS) <u>Fred Thieme Springfield Mo</u>						
20. FILED <u>6-7-38</u> <u>Chas. O. George</u> Local Registrar						

STATEMENT BY LICENSED EMBALMER

I, Fred C. Thieme, Licensed Embalmer No. 2899

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 Fred Thieme  
Licensed Embalmer No. 2899

**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.)**