

REC'D JUL 20 1938

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

Dr. Ferguson
 21875
 Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 316
 (b) Township Springfield Mo. Primary Registration District No. 200 Registered No. 498
 (c) City Springfield Mo. Street No. 514 S. Rathbun 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 1052 W. Walnut 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 (OR) WIFE OF Chas. Robb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 | 9 | 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home

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) Rogersville Missouri

13. NAME Thomas Sayers

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

15. MAIDEN NAME UK

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

17. INFORMANT Mrs. Ellis Edwards (ADDRESS) Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE White Oak Cem. Rogersville Mo. DATE June 24, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. Schmeyer Springfield Mo.

20. FILED June 23, 1938 Chas. Ferguson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22-1938

22. I HEREBY CERTIFY That I attended deceased from at death, 19.....

I last saw her..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 4 p. m.

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

angina pectoris

Date of onset

Other contributory causes of importance:

Domestic troubles

Name of operation colored Date of.....

What test confirmed diagnosis? colored 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....., 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? ✓

If so, specify ✓

(Signed) Dr. Ferguson M. D.

(Address) Springfield Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.