

REC'D FEB 15 1939

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

Dr. Ronald E. Elkins
2296
Do not use this space.

1. PLACE OF DEATH

(a) County **GREENE** Registration District No. **318**
(b) Township **2** Primary Registration District No. **2001** Registered No. **31**
(c) City **SPRINGFIELD** (d) Street No. **408 1/2 W. Walnut** 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 **16 3/4** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **408 1/2 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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widowed**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 23, 1866**
7. AGE YEARS **72** MONTHS **1** DAYS **17** If LESS than 1 day, hrs. or min.
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) **Greene Co. Missouri**

FATHER 13. NAME **John C. Winn**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

MOTHER 15. MAIDEN NAME **Nancy Pope**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

17. INFORMANT (ADDRESS) **Joe H. Roberts (Son) Springfield, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Dickson Cem.** DATE **Jan 12 39**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Alvin H. Hume Springfield, Mo.**

20. FILED **Jan 12, 1939** **Chas. A. George** Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 10 - 1939**

22. I HEREBY CERTIFY, That I attended deceased from **7:46.25**, 19**38**, to **Jan 10**, 19**39**
I last saw h. s. alive on **Jan 10**, 19**39**. Death is said to have occurred on the date stated above, at **8:30 a.m.**
The principal cause of death and related causes of importance were as follows:

Terminal Pneumonia

Other contributory causes of importance:

Cardio-Vascular - Renal Disease

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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? **no**
If so, specify.....
(Signed) **Ronald F. Elkins**, 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.