

REC'D FEB 15 1939

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

2315

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. 30  
(c) City..... SPRINGFIELD (d) Street No. N. Jefferson 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) 37 yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 2159 N. Jefferson St.  Springfield Mo.  
(Usual place of abode, if no street address, write county or city) (If non-resident, 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) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. LeRoy Arnold  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 29 - 1901  
7. AGE YEARS 37 MONTHS 3 DAYS 19 If LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife  
9. Industry or business in which work was done, as saw mill, bank, etc. In home  
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) Mo.

## FATHER

13. NAME Joseph Taitt  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

## MOTHER

15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) LeRoy Arnold  
Springfield, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Lebanon Mo. Jan 21 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Klingner & Co  
Springfield Mo.20. FILED Jan 20 1939 Chas. A. George Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18 1939

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him dead, 1939 to Jan 19, 1939. Death is said to have occurred on the date stated above, at 9 p. m.  
The principal cause of death and related causes of importance were as follows:

Exophthalmic Goiter Date of onset

Other contributory causes of importance: 66 P.

Name of operation..... Date of.....  
What test confirmed diagnosis? Clinical 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) J. Ferguson M. D.  
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. 3358

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.**