

REC'D JUN 8 1939

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

18619
Do not use this space.

1. PLACE OF DEATH
 (a) County GREENE Registration District No. 318
 (b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 389
 (c) City SPRINGFIELD (d) Street No. Burge Hosp. 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 Dr. Lois Nettleship
 (a) Residence, No. 1301 S. Fort. St. (If nonresident, 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 Dr. Anderson W. Nettleship

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1913

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
 25 11 25

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Physician
 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) Hoboken (STATE OR COUNTRY) New Jersey

FATHER
 13. NAME Pro. Louis A. Martin
 14. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Buttler
 16. BIRTHPLACE (CITY OR TOWN) New Jersey (STATE OR COUNTRY)

17. INFORMANT Dr. Anderson W. Nettleship (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Mo. DATE May 10 1939

19. FUNERAL DIRECTOR (NAME) H.H. Lohmeyer (ADDRESS) Springfield, Mo.

20. FILED 5-10-39 Chas a George MD (Address) Springfield, Mo
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1939, to 1939
 I last saw her alive on 5/9, 1939. Death is said to have occurred on the date stated above, at 11:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Appendicitis (permeosis)
 Date of onset 14th

Other contributory causes of importance:
Permeosis, Peritonitis, Pelvic Abscess, followed again by Peritonitis, Misconception

Name of operation permeosis, drainage Date of operation
 Was there an autopsy? yes

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) W.A. Lawton M. D.
Springfield, Mo

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.

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.....
L. Paulin Gorman

Licensed Embalmer No. *3177*

P. O. Address *Springfield Mo*

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.

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