

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

Do not use this space.

1. PLACE OF DEATH

County Greene Registration District No. 318
 Town Springfield Primary Registration District No. 5440
 City Springfield (No. 717) St. Mo. Ward 1

File No. 16835
 Registered No. 394

2. FULL NAME

(a) Residence. No. 1017 St. Mo. Ward 1
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 22 1928

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

17. I HEREBY CERTIFY That I attended deceased from May 11 1928 to May 22 1928 that I last saw her alive on May 22 1928 and that death occurred, on the date stated above, at 6:30 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 22 1866

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 61 6 0

Arteriosclerosis
131
97 (duration) yrs. mos. ds.
 CONTRIBUTORY Nephritis Chronic
 (SECONDARY) (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

18. WHERE WAS DISEASE CONTRACTED Home
 IF NEAR PLACE OF BIRTH
 DID AN OPERATION PRECEDE DEATH? no DATE OF no
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical

9. BIRTHPLACE (CITY OR TOWN) Mo.
 (STATE OR COUNTRY)

NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

(Signed) Dean J. Jones, M.D.
May 31 1928 (Address) Springfield Mo.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Dr. J. H. Stegton
 (Address) 1017 10th St. Mo.

15. FILED 5723, 1928 October 1st
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Springfield Cemetery DATE OF BURIAL May 24 1928

20. UNDERTAKER W. H. Stegton ADDRESS 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.

