

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

21111

File No. \_\_\_\_\_  
Registered No. **420**  
St. \_\_\_\_\_ Ward)

**1. PLACE OF DEATH**

County Green Registration District No. 218  
Township \_\_\_\_\_ Primary Registration District No. 2001  
City Springfield Mo. (No. 1005 2. Commercial)

**2. FULL NAME**

(a) Residence, No. 1005 Commercial St. Ward. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 8 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. da. (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 Chas A Summit

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19th 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
51 11 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1935

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) Barry Co Mo

13. NAME Fred Mattaren

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

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Chas A Summit

(ADDRESS) Springfield, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE King Beech DATE 6-4- 1931

19. UNDERTAKER H M Callaway

(ADDRESS) Moore St. Mart

20. FILED 6 9 31 Jon Tharp Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-2- 1931

22. I HEREBY CERTIFY, That I attended deceased from 5-27 1931, to 6-2- 1931

I last saw her alive on 6-2- 1931. Death is said

to have occurred on the date stated above, at 11 p.m.

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

Lobar pneumonia Date of onset 5-21-31  
17  
108

Other contributory causes of importance: Septicemic encephalitis about 4 days

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) C. E. Zeller, M. D.

(Address) Springfield Mo

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