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

Do not use this space.

30115

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File No. 5439

Registered No. 617

1. PLACE OF DEATH
County Greene
Township Campbell
City Springfield (No. ... R.F.D. #4, ... St. ... Ward)
Registration District No. ...
Primary Registration District No. ...

2. FULL NAME Dorothy M. Carbuckle

(a) Residence. No. Springfield R.R. #4 Ward.
(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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
F	W	Single

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 31 - 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	13	8	9	

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

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

PARENTS

10. NAME OF FATHER Eldred Carbuckle
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Greene Co
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Bertha Robinson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

14. INFORMANT Eldred Carbuckle
(Address) Springfield

15. FILED 10/11 1927 O. C. Horah M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 10 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1927, to Oct 10, 1927, that I last saw h... alive on Oct 9, 1927, and that death occurred, on the date stated above, at 1 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

928 Mitral Insufficiency
(duration) ... yrs. 10 mos. ... ds.
CONTRIBUTORY (SECONDARY) Chronic Endocarditis
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ... DATE OF ...
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. O. Fiedley M. D
Oct 11 1927 (Address) Springfield Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Mt. Pleasant Cem.	Oct 11 1927
20. UNDERTAKER Alma Lohmeyer	ADDRESS Springfield

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.