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

Do not use this space.

12030

1. PLACE OF DEATH
County Vernon — Registration District No. 876 — File No.
Township Richmond — Primary Registration District No. 4529 — Registered No.
City Richards (No. ..... St. ..... Ward)

2. FULL NAME Mrs. Emma Cornelia Heminway Springer
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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 Fe.
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 C. D. Springer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6.17th 1872

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
55	8	16	

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

9. BIRTHPLACE (CITY OR TOWN) Freeport, Ills.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Leroy Heminway
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Freeport, Ills.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER No knowledge
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ills.
(STATE OR COUNTRY)

14. INFORMANT C. D. Springer,
(Address) Richards, Mo.

15. FILED 3/6th, 1928 Scott P. Child
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3.4th 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar. 4th, 1928, to Mar. 4th, 1928 that I last saw her alive on Mar. 4th, 1928, and that death occurred, on the date stated above, at 11:45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute-pulmonary edema associated with cardio-arterio spasm, of 30 minutes (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Cardio-arterio-sclerosis (duration) 4 or 5 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 97 111 P

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical observation

(Signed) Scott P. Child, M. D
3.10th, 1928 (Address) Richards, 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 Barton City, Barton Co., Mo.
DATE OF BURIAL 3/6th 1928

20. UNDERTAKER Cheney
ADDRESS Ft. Scott, Ks.

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.

30 1928