

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

NOV 21 1928

R. 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.

33275

1. PLACE OF DEATH
 County Greene Registration District No. 318
 Township Springfield Precinct Registration District No. V991
 City Springfield (No. 1835 N. Campbell) St. Springfield Ward 4

2. FULL NAME Josephine Scriver
 (a) Residence. No. 1835 N. Campbell St. Springfield Ward 4
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 29-1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 | 2 | 80

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

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

10. NAME OF FATHER Daniel Adams

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

12. MAIDEN NAME OF MOTHER Mary Jones

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

14. INFORMANT M. B. Scriver
 (Address) Springfield, Mo.

15. FILED 10-8-28 10 Oct 28

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-7-1928

17. I HEREBY CERTIFY, That I attended deceased from 9-1-1928 to 10-4-1928, that I last saw her alive on 10-4-1928, and that death occurred, on the date stated above, at 11 11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
apoplexy
of the brain
due to arteriosclerosis
 (duration) yrs. mos. da. 6

CONTRIBUTORY (SECONDARY) Heart Failure, atherosclerosis
due to old age (duration) yrs. mos. da. 2

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? autopsy
 (Signed) W. H. King, M. D.
 (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 Buffalo, Mo. DATE OF BURIAL Oct 8-1928

20. UMBERTAKER J. W. King ADDRESS 424 N. Campbell Springfield Mo.

