

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.

NOV 22 1930

MISSOURI BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32628

1. PLACE OF DEATH
 County Greene Registration District No. 318
 Township Springfield Primary Registration District No. 2319
 City Springfield (No. 2319) N. Broadway St. _____ Ward _____
 2. FULL NAME Dorothy Dewberry
 (a) Residence. No. 2319 N. Broadway 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

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10. 11 - 1930
 17. I HEREBY CERTIFY, That I attended deceased from 6-25, 1930, to 10-11, 1930
 that I last saw h alive on 10-11, 1930 and that death occurred, on the date stated above, at 12 p. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 19-1918
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 6 22
 8. OCCUPATION OF DECEASED Child at Home
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardio Renal disease
Y
95B
 (duration) 8 yrs. 8 mos. ds.
 CONTRIBUTORY (SECONDARY) Scarlet fever
 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)
 10. NAME OF FATHER Mr. L. Dewberry
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo. (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Fannie Mabel Fortney
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo. (STATE OR COUNTRY)
 14. INFORMANT Mr. L. Dewberry (Address) Springfield, Mo.
 15. FILED 10-14-30 Jon Sharp REGISTRAR

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 8 DID AN OPERATION PRECEDE DEATH? DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) C. E. Zeller, M. D.
 *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 Shiloh Cemetery DATE OF BURIAL Oct 14 1930
 20. UNDERTAKER 424 G. Coulter ADDRESS Springfield, Mo.
J. W. Klingner & Co.

