

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

Do not use this space.

Dr. Lemmon

File No. 9494
Registered No. 180
St. _____ Ward _____

1. PLACE OF DEATH

39 County Greene Registration District No. 318
Township _____ Primary Registration District No. 2001
City Springfield Mo. (No. 1404 S. Gate (Rt. 8))

2. FULL NAME

(a) Residence, No. 1404 S. Gate (Rt. 8) 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sylvanme (Dec.)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7 - 1841

7. AGE YEARS 89 MONTHS 7 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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

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) Ship Carroll Co. 1

13. NAME Andrew Shelton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn. 2

15. MAIDEN NAME Anne Kistner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT (ADDRESS) Mrs. Jennie Eichelberger Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgar Ohio DATE 1931

19. UNDERTAKER (ADDRESS) Oliver Johnson Funeral Home Springfield, Mo.

20. FILED 3-7-31 Lon Thump Registrar.

MEDICAL CERTIFICATE OF DEATH

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

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

I last saw her alive on Mar 1931. Death is said to have occurred on the date stated above, at 10:30 P.M.

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

Influenza / H1N1 3/5
Bronchopneumonia 3/6
Arthritis deformans 1923
Senility

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

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? No

If so, specify _____
(Signed) J. B. Lemmon, M. D.
(Address) SPRINGFIELD, MO.

MARGIN RESERVED FOR BUNDLING

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.

APR 23 1931

