

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

Do not use this space.

13866

1. PLACE OF DEATH

37 County Greene Registration District No. 318
 Townshp. Springfield Primary Registration District No. 5439
 City Springfield (In Mo.) # 4 St. _____ Ward _____

File No. _____
 Registered No. 301
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. R#4 St. _____ Ward _____
 (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. (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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 5 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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

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) Good Hope Mo.

13. NAME A. Henry Jacobs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winkler Mo.

15. MAIDEN NAME Amanda A. Robinson

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

17. INFORMANT (ADDRESS) Chas. J. Reagan Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) Hallsbury Mo. DATE April 15, 1931

19. UNDERTAKER (ADDRESS) Winkler Mo.

20. FILED 4-13 1931 For Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1931, to April 13, 1931

I last saw her alive on April 13, 1931. Death is said to have occurred on the date stated above, at 3-15 PM.

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

Right-Side Hemiplegia and Pneumonia of both lungs. (Pneumonia developed in left lung about middle of March and spread to right lung.)
 Other contributory causes of importance:
81-5 Broncho Pneumonia

Date of onset

Name of operation 8210 Date of _____

What test confirmed diagnosis? _____ Was there an autopsy?

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? _____

If so, specify _____

(Signed) E. L. Evans, M. D.

(Address) Springfield, Mo.

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.

MAY 23 1931

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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