

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

Do not use this space.

21175

File No. \_\_\_\_\_  
Registered No. **500**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Greene Registration District No. 518  
Township \_\_\_\_\_ Primary Registration District No. 7001  
City Springfield (No. 706) St Nettleton

**2. FULL NAME**

(a) Residence, No. 706 St. Nettleton St., \_\_\_\_\_ 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 10 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home, 55  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeping  
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) Jenn, Mo.

FATHER 13. NAME Jack Stubbs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn

MOTHER 15. MAIDEN NAME Linda Davis

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

17. INFORMANT Simon J. Dembaski  
(ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL Green Lawn Cemetery July 2, 1931

19. UNDERTAKER W. H. Lindner & Co.  
(ADDRESS) Springfield, Mo.

20. FILED 6-30-1931 For Sharp  
Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from November, 1926, to June 30, 1931  
I last saw her... alive on June 18, 1931. Death is said to have occurred on the date stated above, at 10:30 a.m.  
The principal cause of death and related causes of importance were as follows:

131  
89 Arteriosclerosis -  
97 Chronic diffuse nephritis  
Other contributory causes of importance:  
Cerebral Hemorrhage Nov. 1926  
131

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Phys Exam 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) George H. Johnson, M. D.  
(Address) Medical Bldg - 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.

JUL 24 1931

