

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

Do not use this space.

24760

File No. 528
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Greene Registration District No. 318
Township _____ Primary Registration District No. 5-439
City Springfield Mo. R. 09 # 11

2. FULL NAME

Kizziah Sulbright
(a) Residence, No. Route 11 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 F. 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 Wilson Sulbright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 7 13

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

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) Springfield Mo.

13. NAME Allan Biggs

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

15. MAIDEN NAME Nancy Robertson

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

17. INFORMANT Alma Schmeier
(ADDRESS) 534 St. Louis Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE East Lawn DATE July 15 1931

19. UNDERTAKER Alma Schmeier
(ADDRESS) 534 St. Louis Springfield Mo.

20. FILED 7-15 1931 Lon Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, that I attended deceased from June 16th, 1931, to July 13th, 1931.
I last saw her alive on July 12th, 1931. Death is said to have occurred on the date stated above, at 3:15 P.m.

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

Cerebral hemorrhage
82A
97
J. J. A.
Date of onset June 16/31
22th
June 17/31

Other contributory causes of importance:
Atherosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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) M. P. Peterson, M. D.
(Address) Springfield, Mo.

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.

AUG 26 1931

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