

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

Do not use this space.

37395

1. PLACE OF DEATH

County Greene
Township Springfield
City Springfield (No. 400 1/2 W. Commercial)

Registration District No. 318
Primary Registration District No. 2001

File No. 793
Registered No. 793
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 400 1/2 W. Commercial St. _____ Ward _____

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joe Millstead</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 16-1854</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>11</u>
	DAYS <u>21</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>House Work</u>	
	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) <u>Ark</u>		
MOTHER	13. NAME <u>Isaac Armstrong</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Jusan</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Joe Millstead no. 400 1/2 W. Commercial Springfield</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE & DATE <u>Springfield 11-9-1931</u>		
19. UNDERTAKER (ADDRESS) <u>Springfield</u>		
20. FILED <u>11-9-1931</u> <u>Jon Sharp</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 26 1931 to Nov. 7 1931
I last saw him alive on Nov 6 1931 Death is said to have occurred on the date stated above, at 2:40 p.m.
The principal cause of death and related causes of importance were as follows:

<u>Cardiac & renal insufficiency</u>	Date of onset <u>6 mos.</u>
<u>Ch. hypertensive cardio-vascular disease</u>	<u>3 yrs</u>

Other contributory causes of importance:
Ch. hypertensive cardio-vascular disease

Name of operations _____ 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) Arthur D. Knight, M. D.
(Address) 450 1/2 E. Conil

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.

REC-22-1931

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