

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

Do not use this space.

374 ~~1931~~  
File No. \_\_\_\_\_  
Registered No. **811**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Greene Registration District No. 318

Township \_\_\_\_\_ Primary Registration District No. 2001

City Springfield, Mo. No. 730 College

**2. FULL NAME**

Miss Florence M. Kessinger  
(a) Residence, No. 730 College 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15 - 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
50 11 3

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

13. NAME Sam Sharpe

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

15. MAIDEN NAME No data

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

17. INFORMANT (ADDRESS) F. M. Kessinger 730 College

18. BURIAL, CREMATION, OR REMOVAL PLACE Mossley Park DATE Nov. 19 - 1931

19. UNDERTAKER (ADDRESS) Wm. J. Meyer 7 Home 534 St. Louis

20. FILED 11-18, 1931 Sam Sharpe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18 - 1931

22. I HEREBY CERTIFY, That I attended deceased from June, 1927, to Nov. 16, 1931

Last saw alive on Nov. 16, 1931. Death is said to have occurred on the date stated above, at 7:45 A.M.

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

Myocardial - Chronic Date of onset \_\_\_\_\_

93-97

Other contributory causes of importance: 130

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? By Ray Was there an autopsy? NO

23. If death was due to external causes (Violence), fill in also the following:

Accident, suicide, or homicide? X Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? X

If so, specify \_\_\_\_\_

(Signed) J. A. Robertson, 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.

DEC 22 1931

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