

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.

NOV 23 1932

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

Do not use this space.

32017

1. PLACE OF DEATH  
 39 County Greene Registration District No. 318  
 3 Township Springfield Primary Registration District No. 2001  
 5 City Springfield (No. 655 N. Marion Ave)  
 2. FULL NAME Loirett Showalter  
 (a) Residence, No. 655 N. Marion 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.

File No. \_\_\_\_\_  
 Registered No. 742  
 St. \_\_\_\_\_ Ward) \_\_\_\_\_

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) March 1-1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>78</u>	<u>7</u>	<u>28</u>	

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. Housework

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) W. Va. ?

MOTHER FATHER

13. NAME John W. McChesney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Mary E. Scott

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

17. INFORMANT Katheryn Diles  
(ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL Green Lawn Cemetery DATE Oct 31 1932

19. UNDERTAKER (ADDRESS) J. W. Shugart & Co., Springfield, Mo.

20. FILED 10 31 1932 Ralph W. Stuebel (Address) Springfield Mo  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 7 1932 to Oct 29 1932  
 I last saw him or her on Oct 15 1932 Death is said to have occurred on the date stated above, at 21 m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage  
82A  
162  
Sept 32  
 Other contributory causes of importance:  
Inanition  
Sept 5-  
132  
9W

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physian 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?  
 If so, specify W. Wash  
 (Signed) Sto. E. Paul M. D.  
 (Address) Springfield Mo

