

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

Do not use this space.

Dr. Freeman
File No. 996

1. PLACE OF DEATH

County Greene Registration District No. 318
Township _____ Primary Registration District No. 200
City Springfield Mo. 924 W. Florida St. _____ Ward _____

Registered No. 39
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 924 W. Florida 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND'S (OR) WIFE OF T. G. Hall (Dec)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS 93 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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) Tennesse

13. NAME Wm. Adkinson

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

15. MAIDEN NAME Elizabeth Sinduck

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

17. INFORMANT Jahny W. Hall

(ADDRESS) Washington Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Highland Mo. DATE Jan 11 1938

19. UNDERTAKER Wm. Lahey, Home

(ADDRESS) Springfield Mo.

20. FILED 1-13-38 Robert Dunston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 10 - 1938

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. e. x. alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:40 a.m.

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

Senility
162
162
Other contributory causes of importance: _____
Date of onset _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) D. F. Freeman, M. D.

(Address) 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.

