

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 1933

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

Do not use this space.
22909
Nelson Floyd Oster
File No. _____
Registered No. **540**
St. _____ Ward _____

1. PLACE OF DEATH
39 County Greene Registration District No. 318
Township Springfield Primary Registration District No. 5440
City Springfield, Mo. At 9 St. _____ Ward _____
2. FULL NAME Clémentine Barnett
(a) Residence, No. Rt. 9 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 Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27 - 1921
7. AGE YEARS 12 MONTHS 1 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) Bronville Missouri
13. NAME Dr. J. A. Barnett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamilton Co. Indiana
15. MAIDEN NAME Rubie Hald
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Park Co. Ill.
17. INFORMANT Dr. J. A. Barnett
(ADDRESS) Rt. 9 Springfield Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Rogers Park DATE July 18, 1933
19. UNDERTAKER W. W. L. Lambert
(ADDRESS) Springfield Mo.
20. FILED 7-17-33 Registrar W. W. Lambert

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 - 1933
22. I HEREBY CERTIFY, That I attended deceased from July 12, 1933 to July 15, 1933
I last saw her alive on July 15, 1933 Death is said to have occurred on the date stated above, at 11:45 P.M.
The principal cause of death and related causes of importance were as follows:
Encephalitis (Date of onset 7/9/33)
(Abscess of brain)
Acute Myocarditis (Date of onset 7/13/33)
Other contributory causes of importance: _____
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) Floyd E. Nelson
(Address) 328 South Ave. Springfield, Mo.

THE UNIVERSITY OF CHICAGO
LIBRARY

University of Chicago
Library

62

62

62

62

62