

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

Do not use this space.

*Outpatient*  
*36183*

**1. PLACE OF DEATH**

County Greene Registration District No. 318  
 Township \_\_\_\_\_ Primary Registration District No. 2091  
 City Springfield, Mo. Burge Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 534 St. Quentin 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) \_\_\_\_\_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13 - 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
9 0 12

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) Springfield, Mo.

13. NAME Jewell E. Windle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galena, Pa.

15. MAIDEN NAME Fozel Schmeier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Mo.

17. INFORMANT (ADDRESS) Jewell E. Windle  
534 St. Quentin St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Catharum DATE Aug - 28 - 1933

19. UNDERTAKER (ADDRESS) Alma J. Schmeier  
Springfield, Mo.

20. FILED 8-27-1933 Ralph W. Langston  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-6-33, 1933, to 8-20, 1933

I last saw her alive on 8-25, 1933 Death is said

to have occurred on the date stated above, at 10 A. m.

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

Acute rheumatic fever Date of onset 8-6-33  
Acute pericarditis 8-11-33  
Acute myocarditis 8-26-33

Other contributory causes of importance: 93

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 Busch, 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.

WRITE CLEARLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEP 26 1933

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