

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.

JAN 26 1934
500-100-100

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

Do not use this space.

39737

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Springfield Primary Registration District No. 200
City Springfield (No. Burge Hospital)

File No. _____
Registered No. 866
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1910 Travis 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>Mrs. F. Nobles</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 5-1866</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>11</u>
	DAYS <u>2</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Work</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>In home</u>	
	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) <u>Leann</u>		
FATHER	13. NAME <u>Jenkins</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Leann</u>	
MOTHER	15. MAIDEN NAME <u>Harriet</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT <u>Mrs. J. H. Guilmore</u>		
(ADDRESS) <u>W. Grant, Michigan</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Greenlawn</u>	DATE <u>12-8-33</u>
19. UNDERTAKER (ADDRESS) <u>W. H. Higley & Co., Springfield, Mo.</u>		
20. FILED <u>12-8-1933</u> <u>Ralph W. Taubert</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1933 to Dec. 7, 1933

I last saw him alive on Dec. 7, 1933 Death is said to have occurred on the date stated above, at _____ m.

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

Thyrotoxicosis Date of onset Aug 1923

Chor. Myocarditis ?

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) Arthur S. Knabb, M. D.
(Address) 450 1/2 E. Conit St

