

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

Do not use this space.

8640

100

1. PLACE OF DEATH

County Greene

Registration District No. 318

File No. 100

Township Springfield

Primary Registration District No. 5339

Registered No. _____

City Springfield (No. R#4)

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. R#4 St. _____ Ward _____

(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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robert H. Stokes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 25 - 1870</u>		
7. AGE	YEARS	MONTHS
	<u>63</u>	<u>3</u>
		DAYS
		<u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</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) <u>March 2, 1934</u>		11. Total time (years) spent in this occupation <u>✓</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
13. NAME <u>Nelson J. Baker</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Sarah Conklin</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
17. INFORMANT (ADDRESS) <u>Robert H. Stokes Springfield, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wagshaw</u> DATE <u>3-24</u> , 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>Hurtinger & Co. Springfield, Mo.</u>		
20. FILED <u>3-22</u> , 19 <u>34</u> <u>W. H. [Signature]</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-22, 1934

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

I last saw him alive on 3-22, 1934 Death is said to have occurred on the date stated above, at 1:00 A. m.

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

Chronic Valvular Disease of Heart (Aortic Insufficiency)

92A

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? History 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 Chrysl & Geary - Coronary (Signed) _____ M.D.
Springfield Mo (Address)

WRITE PLAINLY, WITH UNFADING INK. THIS IS A LEGAL DOCUMENT. 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.

