

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

Do not use this space.

20155

**1. PLACE OF DEATH**

County Greene Registration District No. 322  
 Township Franklin Primary Registration District No. 5446  
 City Springfield (No. R #1) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. R #1 Springfield Mo. 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Albert Dehaven

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21 - 1862

7. AGE YEARS 71 MONTHS 9 DAYS 25 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In home  
 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) Ill

13. NAME Henry Mahamah

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

15. MAIDEN NAME Mary E. White

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

17. INFORMANT (ADDRESS) John A. Dehaven Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Comfort DATE June 18, 1934

19. UNDERTAKER (ADDRESS) W. H. Hingrich & Co. Springfield, Mo.

20. FILED 6-19-34 Allan Barnes Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-16-34

22. I HEREBY CERTIFY, That I attended deceased from 6-11-34, 1934, to 6-16-34, 1934

I last saw him/her alive on 6-15-34, 1934 Death is said to have occurred on the date stated above, at 5:10 p. m.

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

82A  
Cerebral Lemoschese 6-11-34  
arteriosclerosis unknown

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Physician as there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? none Date of injury \_\_\_\_\_, 1934

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

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury \_\_\_\_\_

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

If so, specify \_\_\_\_\_

(Signed) W. T. Walsh M. D.

(Address) Springfield Mo.

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.

JUN 29 1934

