

NOV 14 1934

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

Do not use this space
Dr. Cartwright
35755
531

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Springfield Primary Registration District No. 4 2001 File No. 531
City Springfield (No. 603 N. Fremont) St. Mo. Registered No.
Ward

2. FULL NAME

(a) Residence, No. 603 N. Fremont 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 Allen Hill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
62 6 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

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) Missouri

13. NAME Wm. Chastine

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

15. MAIDEN NAME Margaret Seimey

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

17. INFORMANT Allen Hill (ADDRESS) Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cathedral DATE Oct 27 1934

19. UNDERTAKER (ADDRESS) Alma S. Smyth
Springfield Mo.

20. FILED 10-27-34 (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1934 to Oct 24 1934
I last saw h. or alive on Oct 24 1934 Death is said to have occurred on the date stated above, at 9:15 A.M.
The principal cause of death and related causes of importance were as follows:
Myocarditis
Chronic
Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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) Choyd Cartwright M. D.
(Address) 214 W. Jefferson

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.

