

JUL 2 2 1935

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

Do not use this space.

Dr. Burick  
19485

1. PLACE OF DEATH

County Crescent Registration District No. 318  
Township \_\_\_\_\_ Primary Registration District No. 2-891  
City Springfield Mo. - 1403 N. Clay St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 238  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 1403 N. Clay St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If not resident, 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) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 5 - 1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
15 5 20

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) Clinton Alabama

13. NAME S. M. Searbrough

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Alabama

15. MAIDEN NAME Nonna Yalge

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Alabama

17. INFORMANT (ADDRESS) S. M. Searbrough Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlodge DATE June 27

19. UNDERTAKER (ADDRESS) Alma Schreyer Springfield Mo

20. FILED 6726 1935 R. W. Adair Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25 - 1935

22. I HEREBY CERTIFY That I attended deceased from 5-2-35, 19\_\_\_\_, to 6-25, 1935. I last saw her alive on 6-25, 1935. Death is said to have occurred on the date stated above, at 3:40 p. m.

The principal cause of death and related causes of importance were as follows:  
Rheumatic Carditis Date of onset 1929

Other contributory causes of importance:  
Brain abscess 560 6-23-35

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

(Signed) Arthur Burick, 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.

