

DEC 18 1935

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

Do not use this space.

Dr. Wakenan
35771

1. PLACE OF DEATH

County Greene Registration District No. 318 File No. _____
Township _____ Primary Registration District No. 2091 Registered No. 590
City Springfield No. 513 W. Monroe (Ward)

2. FULL NAME

(a) Residence, No. 513 W. Monroe 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unmarried

5A. IF MARRIED, WIDOWED, OR DIVORCED (husband or wife) Bert G. Bates

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 9 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Deer, Mo.

13. NAME Donak E. Murphy

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

15. MAIDEN NAME Ellen Shagges

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

17. INFORMANT (ADDRESS) Sam Bates son

18. BURIAL, CREMATION, OR REMOVAL PLACE Wagon Mt. Cem. DATE Jan 13 1935

19. UNDERTAKER (ADDRESS) Alma Taberner

20. FILED 11-11-35 19.35 Wakenan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11 1935

22. I HEREBY CERTIFY That I attended deceased from Dec 1934 to Nov 1935

I last saw her alive on September 1935. Death is said to have occurred on the date stated above, at 12:15 p.m.

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

Chronic Myocarditis
ASD

Other contributory causes of importance:
Hypertension
Atherosclerotic dementia

Name of operation None Date of _____

What test confirmed diagnosis? Physical Exam. 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. None

Manner of injury _____ Nature of injury _____

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

If so, specify Newton Wakenan
(Signed) Wakenan
Address Wagon Mt. Cem., 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.

FORM A
APR 1964 EDITION
GSA GEN. REG. NO. 27