MAR 18 1936

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

Do not use this space.

File No. 5511
Registered No. 166

1. PLACE OF DEATH

County [illegible] Registration District No. 318
Township [illegible] Primary Registration District No. 1200
City Springfield Mo. (No. 605 S. [illegible] St. ..... Ward)

2. FULL NAME [illegible]

(a) Residence, No. 605 S. [illegible] 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): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): unknown

7. AGE: about 77 YEARS | MONTHS: unknown | DAYS: | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): [illegible]

FATHER
13. NAME: [illegible]
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

MOTHER
15. MAIDEN NAME: [illegible]
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): [illegible]

17. INFORMANT (ADDRESS): [illegible]

18. BURIAL, CREMATION, OR REMOVAL
PLACE [illegible] DATE 2-28 19[illegible]

19. UNDERTAKER (ADDRESS): [illegible]

20. FILED 2-28 1936 Ralph W Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 26 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/1, 1936, to 2/26, 1936
I last saw her alive on 2/25, 1936. Death is said to have occurred on the date stated above, at 11:05 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	yrs.
Other contributory causes of importance: Cerebral thrombosis	1/20/36

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Guy D Callaway, 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.

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