

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.

APR 17 1936

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

Do not use this space.

10216

1. PLACE OF DEATH

County Greene  
Township Springfield  
City Springfield (No. 1109)

Registration District No. 318  
Primary Registration District No. 2001  
No. 1109 McKale

File No. ....  
Registered No. 277  
St. .... Ward)

2. FULL NAME

(a) Residence, No. 1109 McKale St., Greene 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 8, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
80 5 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) Greene Co. Missouri

MOTHER 13. NAME J. A. Goodner

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

15. MAIDEN NAME W. Johnson

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

17. INFORMANT Married Cooper (ADDRESS) Springfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Springwood DATE 3/27 1936

19. UNDERTAKER Samuel W. Meyer (ADDRESS) Springfield Mo.

20. FILED 3-27 1936 Ralph W. Kingston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/25 1936

I HEREBY CERTIFY, That I attended deceased from March 1, 1936, to March 25, 1936  
I last saw h. alive on March 24, 1936 Death is said to have occurred on the date stated above, at 2 a. m.  
The principal cause of death and related causes of importance were as follows:

Date of onset  
Cerebrovascular Renal  
1st Syndrome  
Other contributory causes of importance:  
Senility  
Name of operation None Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) E. H. Darbyshire, M. D.  
(Address) 214 Pro Jefferson

