

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.

10251

1. PLACE OF DEATH

County Greene Registration District No. 318
Township S. Campbell Primary Registration District No. 5440
City Springfield Mo. Rt. 8

File No. _____
Registered No. 1-287
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Rt. 8 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from 3-10, 1936, to 3-27, 1936
I last saw her alive on 3-26, 1936 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1901

to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 8 24

Other contributory causes of importance: _____

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

Bronchial Pneumonia

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) Arcadian Mo

MOTHER 13. NAME J. A. Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co. Mo.

15. MAIDEN NAME Mertie Lola Benson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co. Mo.

17. INFORMANT Wm. G. Baxter (ADDRESS) Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE March 29 36

19. UNDERTAKER Olma Sabmeyer (ADDRESS) Springfield Mo.

20. FILED 3-28, 1936 Ralph W. Raughter Registrar.

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 Ronald F. Elkins M. D.

(Address) Springfield Mo.

