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

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Do not use this space.

26242

1. PLACE OF DEATH

County Greene — Registration District No. 318 — File No.

Township — Primary Registration District No. 2001 — Registered No. 594

City Springfield (No. 827 E Walnut St. Ward)

2. FULL NAME Florence M Quisenberry

(a) Residence, No. 827 E Walnut St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: F
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Arthur T. Quisenberry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 26 1874

7. AGE: 61 YEARS — MONTHS: 9 — DAYS: 16 — If LESS than 1 day, ... hrs. or ..... min.

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.: Housewife
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): Missouri

FATHER

13. NAME: Johne Hornbeck
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER

15. MAIDEN NAME: Amanda Murray
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Car

17. INFORMANT (ADDRESS): Arthur T. Quisenberry, Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hazelwood DATE: July 14, 19 6

19. UNDERTAKER (ADDRESS): Herman H. Lohmeyer, Springfield Mo.

20. FILED 7-13- 1936 Dr Chas A. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 12, 19 6

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1934, to July 12, 1934
I last saw her alive on July 12, 1936 Death is said to have occurred on the date stated above, at 4:30p.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Leukopenia	7-10-36
Agranulocytosis	7-10-36

72 B

Other contributory causes of importance:
Do not know of any -

Name of operation none Date of
What test confirmed diagnosis? Laboratory Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 0 Date of injury, 19
Where did injury occur? 0 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury 0
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Leslie R. Webb, M. D.
(Address) Springfield Mo.

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.

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD