

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.

NOV 27 1936

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

Do not use this space.

37353

1. PLACE OF DEATH *Greene*
County..... Registration District No. *318*
Township..... Primary Registration District No. *220011*
City *Springfield* (No. *615 N. Pine*) St. Ward)
2. FULL NAME *Frances M. Stalder*
(a) Residence, No. *615 N. Pine* St., Ward.
(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 <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Divorced</i>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>-</i>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 22 - 1873</i>					
7. AGE	YEARS <i>63</i>	MONTHS <i>1</i>	DAYS <i>13</i>	If LESS than 1 day,hrs. ormin.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House Work</i>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>In home</i>				
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation..... <i>-</i>				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo.</i>					
FATHER	13. NAME <i>Sawley</i>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Union</i>				
MOTHER	15. MAIDEN NAME <i>Coker</i>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Union</i>				
17. INFORMANT (ADDRESS) <i>Barbara E. Stalder Springfield, Mo.</i>					
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <i>Green Lawn Cemetery Oct 7 1936</i>					
19. UNDERTAKER (ADDRESS) <i>W. H. Ingwersen Co. Springfield, Mo.</i>					
20. FILED <i>20 16 19 36</i> <i>Dr. Charles George</i> Registrar					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 15 1936*

22. I HEREBY CERTIFY, That I attended deceased from *1936* and was on *Oct 16 1936* I last saw her alive on *Oct 15 1936* Death is said to have occurred on the date stated above, at *6:30 A.M.*
The principal cause of death and related causes of importance were as follows:
Anemia secondary caused from Date of onset

Other contributory causes of importance:
Malnutrition

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

23. If death was due to external cause (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 *M. J. Patterson* (Signed) M. D.
(Address) *Springfield, Mo.*

corner of Greene & 12th, No.

