

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.

JUL 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Greene

Registration District No. 318

File No. 23715

Township Springfield

Primary Registration District No. 2001

Registered No. 498

City Springfield (No. City Hospital)

St. Mo. Ward 1

2. FULL NAME Catherine E. Reatherford

(a) Residence, No. 1440 E. Plaine St., 1 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6 1854

7. AGE YEARS 82 MONTHS 10 DAYS 5 If LESS than 1 day, 0 hrs. 0 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Mother
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) Nashville, Tenn (STATE OR COUNTRY)

FATHER 13. NAME No Record

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

MOTHER 15. MAIDEN NAME No Record

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

17. INFORMANT Charles Reatherford (ADDRESS) 1440 E. Plaine

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellevue DATE June 13 1937

19. UNDERTAKER Fred C. Thieme (ADDRESS) 1100 Bagnell Ave

20. FILED June 13 1937 Chas. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1936 to June 11 1937. I last saw her alive on June 11 1937. Death is said to have occurred on the date stated above, at 1:35 p.m.

The principal cause of death and related causes of importance were as follows:

Multiple Myeloma
Arteriosclerosis
Uremic Poisoning
Chs. Bright's

Other contributory causes of importance:

Name of operation Cholecystectomy Date of 10/1
What test confirmed diagnosis Cholecystectomy 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 1937
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 Accident
Nature of injury Cholecystectomy

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Cholecystectomy
(Signed) C. G. Cooper, M. D.
(Address) Springfield Mo.

