39 JUL 28 1937

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

Dr Lee Cox

Do not use this space.

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No. 23724
Township — Primary Registration District No. 2001 — Registered No. 507
City Springfield Mo. 520 W. Scott St. Ward)

2. FULL NAME Mrs Carolina M Day
(a) Residence, No. 520 W. Scott 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31 1866

7. AGE: 73 YEARS ~~75~~ MONTHS 2 DAYS 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
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) Cresona Penna

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) John C. Day (Son) Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Park DATE June 18 1937

19. UNDERTAKER (ADDRESS) Alma Lohmeyer Springfield Mo.

20. FILED June 18 1937 Chas A George MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16 1937

22. I HEREBY CERTIFY That I attended deceased from Jan. 5, 1936, to June 16, 1937
I last saw her alive on June 16, 1937. Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular heart disease	
Disease of Heart	
and Arteriosclerosis	

Other contributory causes of importance:

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Name of operation no Date of
What test confirmed diagnosis? Was there an autopsy?

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) Dr. Lee Cox, M. D.
(Address) 710 Landers Building

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 PLAINS SWITH UNLOADING INK—THIS IS A PERMANENT RECORD

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