

NOV 17 1937

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

Do not use this space.

37686

1. PLACE OF DEATH

County *Greene*  
Township *Springfield*  
City *Springfield* (No. *921 N. Chase St*)

Registration District No. *318*  
Primary Registration District No. *2001*

File No. *1005*  
Registered No. *1005*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. *921 N. Chase* 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 <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 25-1857</i>				
7. AGE	YEARS <i>80</i>	MONTHS <i>5</i>	DAYS <i>21</i>	If LESS than 1 day, _____ hrs. or _____ min.

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

22. I HEREBY CERTIFY, That I attended deceased from *Oct. 16 1937* to *Oct. 16 1937*

I last saw her alive on *Oct. 16 1937* Death is said to have occurred on the date stated above, at *7 a.m.*

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House wife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *In home*

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation

*Chr Cardio-vascular renal*

Other contributory causes of importance *Arterio-sclerosis*

Date of onset \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

13. NAME *W. W. Rhodes*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *D. C.*

15. MAIDEN NAME *Cynthia Morris*

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

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis *clinical* 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.

17. INFORMANT (ADDRESS) *Mrs. Myrtle Parkhurst Springfield, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Green Valley* DATE *Oct 17 1937*

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? *No*  
If so, specify \_\_\_\_\_  
(Signed) *Arthur J. Karab* M. D.  
(Address) *459 1/2 E. Condit St*

19. UNDERTAKER (ADDRESS) *Washington Ave. Springfield Mo.*

20. FILED *Oct. 16 1937* *Chas. R. George* Registrar

N. B.—Every item of information should be carefully supplied. A CE should be stated where appropriate. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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