

NOV 17 1937

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

Do not use this space.

37719

1. PLACE OF DEATH

1st County *Greene*
Township *H. Springfield*
City *Springfield* (No. *R # 10*)

Registration District No. *318*
Primary Registration District No. *5439*

File No. *986*
Registered No. *986*
St. *1* Ward

2. FULL NAME

(a) Residence, No. *946 N. Webster* St., *1* 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>Married</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>March 22 - 1904</i>				
7. AGE	YEARS <i>33</i>	MONTHS <i>6</i>	DAYS <i>19</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</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) <i>Oct. 11 - 1937</i>		11. Total time (years) spent in this occupation <input checked="" type="checkbox"/>		

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

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
I last saw her *dead* on *October 12*, 19*37*. Death is said to have occurred on the date stated above, at *3 P.* m.

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

Death caused by Carbon monoxide poisoning - in small closed cabin - due to turning up of gas by small shell gas heater

Other contributory causes of importance:

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo.</i>
	13. NAME <i>Baxter Dysart</i>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo.</i>
	15. MAIDEN NAME <i>UK</i>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>UK</i>
	17. INFORMANT (ADDRESS) <i>Geo Law Springfield Mo.</i>
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>East Lawn</i> DATE <i>Oct. 18th 1937</i>	
19. UNDERTAKER (ADDRESS) <i>W. Klingner No 10 Springfield Mo</i>	
20. FILED <i>Oct 13 1937</i> <i>Chas A George Mo Registrar</i>	

Name of operation *- 178* Date of
What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide *accidental* Date of injury *10-11-1937*
Where did injury occur? *Luckman Cabin - Route 10 - Spring*
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
in residential cabin
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No.*
If so, specify *Yes, B. Benson, Justice of the Peace*
(Signed) *16 2nd St. Springfield, Mo*
(Address) *W. R. Peterson*

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.

