

JAN 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County Green

Registration District No. 318

Township Springfield

Primary Registration District No. 2091

City Springfield

625 Washington

File No. 45415

Registered No. 1201

2. FULL NAME

(a) Residence, No. 625 Washington St.,

Ward.

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8 - 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<input checked="" type="checkbox"/>	<u>58</u>	<u>7</u>	<u>17</u>	

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc.

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

Housekeeper

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Mo.

13. NAME Unknown

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

15. MAIDEN NAME Sallie Edmondson

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

17. INFORMANT John Thompson (ADDRESS) 625 Washington

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE 12-28-37

19. UNDERTAKER H. V. Smith (ADDRESS) 716 1/2 Jefferson

20. FILED See 28 1937 Chas. W. [unclear]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1937, to Dec 25, 1937
I last saw h. or alive on Dec 24, 1937. Death is said to have occurred on the date stated above, at 6:25 P.M.

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

Cerebral Hemorrhage Date of onset

Other contributory causes of importance:

Diabetes Mellitus

Name of operation None Date of

What test confirmed diagnosis? Exam Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

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) J. L. Johnston, M. D.

(Address) 809 Med. Arts Bldg
Springfield, Mo.

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.

