

REG'D MAR 24 1938

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. 378 File No. 6796
Township Springfield Primary Registration District No. 2007 Registered No. 156
City Springfield (No. Springfield Baptist Hospital) St. Mo Ward 156

2. FULL NAME

(a) Residence, No. 543 St. Buffalo Mo Ward. Buffalo Mo
(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 2 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Betha Hamlet
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 5 - 1908
7. AGE YEARS 30 MONTHS 1 DAYS 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife
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) Boonville Mo

13. NAME W. W. Vest

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

15. MAIDEN NAME Lydian Jones

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

17. INFORMANT (ADDRESS) W. W. Vest Buffalo Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Buffalo Mo DATE 2-20-38

19. UNDERTAKER (ADDRESS) L. B. Stump Buffalo Mo

20. FILED Feb 20, 1938 Chas. C. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-18 1938
22. I HEREBY CERTIFY, That I attended deceased from 2-7 1938, to 2-18 1938
I last saw her alive on 2-18 1938. Death is said to have occurred on the date stated above, at 5:50 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral embolism Date of onset 2/18
121
Other contributory causes of importance:
General peritonitis perforated appendicitis 2/6/38
Name of operation Appendectomy Date of 2/7/38
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? 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 Robert Glynn, M. D.
(Signed) Springfield (Address)

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.

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