

REC'D APR 19 1938

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

Doyers

10718

Do not use this space.

189

1. PLACE OF DEATH

(a) County GreeneRegistration District No. 316

(b) Township

Primary Registration District No. 2001Registered No. 189(c) City Springfield, Mo.(d) Street No. 510 S. Robberson St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred

yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edith Jane Jolly 400(a) Residence, No. 510 S. Robberson St.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

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)

July 7 1859

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day,hrs. ormin.

78724

OCCUPATION

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

Retired

9. Industry or business in which work was done, as 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)

Indiana

13. NAME

Wm. Marlow

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

Unknown

15. MAIDEN NAME

Mullens

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

Unknown17. INFORMANT Mrs. Lucille Storms
(ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Liberal, Mo. DATE March 3, 193819. FUNERAL DIRECTOR H.H. Lohmeyer Funeral Home
(ADDRESS) Springfield, Mo.20. FILE Mar 3 1938 Charl. George 1990
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1, 193822. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1938, to March 1, 1938I last saw h. & w. alive on March 1, 1938 Death is saidto have occurred on the date stated above, at 3:30 p.m.

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

Infection gland
below neck
point of infection was
determined as external injury

Date of onset

2/16/38

Other contributory causes of importance:

36-

Name of operation _____ Date of _____

What test confirmed diagnosis? Clymox 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) J. Doyers, M. D.

653 Woodruff

STATEMENT BY LICENSED EMBALMER

I, Walter E. Hamilton, Licensed Embalmer No. 3808

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. 3808 or by Registered Apprentice No.
working under my personal supervision.

Signed Walter E. Hamilton

Licensed Embalmer No. 3808

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)