

REC'D APR 1 9 1938

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

Dr. Doubler

10808
Do not use this space.

1. PLACE OF DEATH
 (a) County Greene Registration District No. 318
 (b) Township Springfield Primary Registration District No. 2001
 (c) City Springfield (d) Street No. Elfindale Acad. Registered No. 283
 (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 236 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sister Mary Aimee Walsh 420
 (a) Residence, No. Elfindale Acad. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1860
 AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78

OCCUPATION 8. Trade, profession, or particular kind of work done, as Teacher
 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) Lynchburg 1
 (STATE OR COUNTRY) Virginia

FATHER 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

17. INFORMANT Sister Mary Ryan
 (ADDRESS) Elfindale Acad.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Elfindale DATE March 31, 1938

19. FUNERAL DIRECTOR H.H. Lohmeyer Funeral Home
 (ADDRESS) Springfield, Mo.

20. FILED Mar 31, 1938 Chas. A. Georger 290
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1928, to March 29, 1938
 I last saw him alive on March 26, 1938. Death is said to have occurred on the date stated above, at 8:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Senile myocarditis
93C

Other contributory causes of importance:

Name of operation None Date of operation
 What test confirmed diagnosis? Cholera Path 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?
 If so, specify F. J. H. DOUBLER
 (Signed) F. J. H. DOUBLER M. D.
 (Address) Med. Art. Sp. H. 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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Lester Gorman, Licensed Embalmer No. 3177

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

L. E.

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

Signed Lester Gorman

Licensed Embalmer No. 3177

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.)