

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.

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

REC'D MAY 18 1938

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14644

1. PLACE OF DEATH

County Greene
 Township Burge Hospital
 City Springfield, Mo.

Registration District No. 318
 Primary Registration District No. 2001
Burge Hospital

File No. _____
 Registered No. 340
 St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. _____
 (Usual place of abode)

Ellis Clay Buell 400
Berryville Ark. Berryville Ark.
 (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 11 mos. 11 ds. How long in U. S., if of foreign birth? 1 yrs. 11 mos. 11 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7, 1936

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
1 11 11

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. child
 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) Berryville Ark.

FATHER
 13. NAME Ellis Clay Buell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green forest Ark.

MOTHER
 15. MAIDEN NAME Josephine Morris

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

17. INFORMANT (ADDRESS) Gay Buell Berryville Ark.

18. BURIAL, CREMATION, OR REMOVAL PLACE Berryville Ark. DATE 4-19 1938

19. UNDERTAKER (ADDRESS) Reuben Funeral Home Berryville Ark.

20. FILED Apr 19, 1938 Chas A. George Registrar 1290

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-10, 1938 to 4-18, 1938

I last saw her alive on 4-18-38, 19____ Death is said to have occurred on the date stated above, at 4:50 P.M.

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

Tuberculous meningitis Date of onset 4-15-38

Other contributory causes of importance:

24

Name of operation _____ Date of _____
 What test confirmed diagnosis? Sp. Fluid 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 _____

(Signed) Richard C. [unclear], M. D.
 (Address) Springfield, Mo.

1000