

REC'D JUN 8 1938

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

18278  
Do not use this space.

1. PLACE OF DEATH

(a) County Groene Registration District No. 316  
(b) Township 1 Primary Registration District No. 2001 Registered No. 417  
(c) City Springfield (d) Street No. Virginia Apartments 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

Mrs. Annie Lease 2001  
(a) Residence, No. Virginia Apartments 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) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31 1873  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
64 9 19  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as 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) Roy MO

13. NAME Marion Barnes

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

15. MAIDEN NAME Betty Johnson

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

17. INFORMANT Mrs. Betty Sworta  
(ADDRESS) Olmyer Tea Room

18. BURIAL, CREMATION, OR REMOVAL PLACE Brown Branch Ho DATE 5/22 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hermon Lammeyer  
Springfield Mo.

20. FILED May 22, 1938 Charl George M.D. Local Registrar 296

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20 1938

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1938, to May 20, 1938  
I last saw he alive on May 20, 1938; Death is said to have occurred on the date stated above, at 330p.m.  
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion or Thrombosis  
Arteriosclerosis  
Other contributory causes of importance: Arteriosclerosis  
Coronary Occlusion or Thrombosis  
Arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
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 \_\_\_\_\_ (Signed) Ronald F. Elkins, M. D.  
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.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

\_\_\_\_\_ or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 3808

P. O. Address Springfield, Mo.

**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.)**

**If this body is not embalmed, above space should be left blank.**