Dr. R. Elkins

REC'D JUN 8 1938

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

18295
Do not use this space.

1. PLACE OF DEATH

(a) County: Greene — Registration District No.: 318

(b) Township: — Primary Registration District No.: 2001 — Registered No.: 435

(c) City: Springfield, Mo. (d) Street No.: Burge Hosp. 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. Lulu Toland Pate

(a) Residence, No.: 1005 N. Florida 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: O.P. Pate

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 29 1874

7. AGE — Years: 63 — Months: 5 — Days: 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
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): Roschol, Ohio

FATHER

13. NAME: Geo. D. Toland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER

15. MAIDEN NAME: Susan Stanford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT: Helen Pate
(ADDRESS): Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hazelwood DATE: May 30, 1938

19. FUNERAL DIRECTOR (NAME): H.H. Lohmeyer
(ADDRESS): Springfield, Mo.

20. FILED: May 30, 1938 Chas. G. George, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1938, to May 28, 1938

I last saw her alive on May 27, 1938. Death is said to have occurred on the date stated above, at 2 a.m.

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

	Date of onset
Bronchial Pneumonia.	

Other contributory causes of importance:
Pendic Vesicular decrease

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) Roscoe F. Elkins, M. D.
(Address) Springfield, Mo.

Licensed Embalmer's Statement on Reverse Side)

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.

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, ...

M. A. Canaday, or by .....

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

Signed M. L. Canaday

Licensed Embalmer No. 3439

P. O. Address Springfield Me

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

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