

REC'D JUN 8 1938

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

18306

Do not use this space.

## 1. PLACE OF DEATH

(a) County Greene Registration District No. 318  
 (b) Township Campanella Primary Registration District No. 2001  
 (c) City Springfield (d) Street No. Burge Hospital 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

(a) Residence, No. 1221 E. Pacific St. 235  
 (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 Elmer Acton  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1879  
 7. AGE YEARS 55 MONTHS 11 DAYS 29 If LESS than 1 day, hrs. or min.  
 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) Rogersville, Mo.  
 13. NAME Campbell Harrison  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 15. MAIDEN NAME Late Green  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rogersville, Mo.  
 17. INFORMANT (ADDRESS) Elmer Acton, 1221 E. Pacific, Springfield, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE June 14, 1938  
 19. FUNERAL DIRECTOR (ADDRESS) Wm. Hall, 1221 E. Pacific, Springfield, Mo.  
 20. FILED May 31, 1938 Chas. W. George Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1938  
 22. HEREBY CERTIFY, That I attended deceased from 5/27, 1938 to 5/31, 1938  
 I last saw h. alive on 5/30, 1938 Death is said to have occurred on the date stated above, at 7:00 A. m.  
 The principal cause of death and related causes of importance were as follows:  
Diabetic Coma  
Diabetes mellitus  
Cholelithiasis  
no operative  
 Name of operation None Date of None  
 What test confirmed diagnosis? Urine 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) Chas. W. George, M. D.  
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, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_, L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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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. \_\_\_\_\_ St.

(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 Rettie Aclon

(a) Residence, No. \_\_\_\_\_ St. ☐ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11 1882

7. AGE YEARS MONTHS DAYS If LESS than 1  
58 11 28 day, hrs. 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)

FATHER  
13. NAME

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

MOTHER  
15. MAIDEN NAME

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

17. INFORMANT  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR  
(ADDRESS)

20. FILED July 11 1938 Chas. A. George  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 1938

22. I HEREBY CERTIFY, That I attended deceased from  
19 to 19

I last saw him alive on 19, 19. Death is said  
to have occurred on the date stated above, at m.

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

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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?

If so, specify

(Signed) Chas. A. George M. D.

(Address) Springfield, Mo.

