

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REC'D AUG 4 1938

25309
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District 318
 (b) Township _____ Primary Registration District No. 2001 Registered No. 534
 (c) City Springfield (d) Street No. 1025 National 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. Duke Hotel Hobart St. Carthage Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 1938

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

22. I HEREBY CERTIFY that I attended deceased from July 1, 1938, to July 6, 1938. I last saw him alive on July 6, 1938. Death is said to have occurred on the date stated above, at 2:15 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 3-1869

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 7 3

Terminal Bronchial Pneumonia
 Other contributory causes of importance: 9513

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. wife
 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 _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alleghany Pa

FATHER 13. NAME Howard Boyd

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

MOTHER 15. MAIDEN NAME Winters

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

17. INFORMANT Raney H. Webster (ADDRESS) Carthage Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carthage DATE July 8 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kneel Mortuary Carthage Mo.

20. FILED July 7 1938 Chadl Geo. M.D. Local Registrar

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 J. Stokes, M. D. (Address) 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.

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. _____

P. O. Address _____

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.