

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

Do not use this space.

REC'D AUG 24 1938

File No. 25322
Registered No. 550
St. _____ Ward _____

1. PLACE OF DEATH

37 County Greene
Township _____
City Springfield

Registration District No. 315
Primary Registration District No. 2001
(No. 911 E Webster)

2. FULL NAME

(a) Residence, No. Sally Fleming St. _____ Ward _____
(Usual place of abode) 911 E. Webster

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
but 56

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, 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) Unknown 9

MOTHER FATHER
13. NAME Unknown 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

15. MAIDEN NAME Unknown

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

17. INFORMANT Alpha Sharp
(ADDRESS) 911 E. Webster

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE July 14, 1938

19. UNDERTAKER W. P. Campbell
(ADDRESS) 809 Webster

20. FILED July 13, 1938 Chas. C. George
Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/10/1938

22. I HEREBY CERTIFY, That I attended deceased from 7/9/38, 1938, to 7/10/1938, 1938. I last saw her alive on 7/10/1938, 1938. Death is said to have occurred on the date stated above, at 6 P. m. The principal cause of death and related causes of importance were as follows:

Coronary Occlusion Date of onset 7/10/38
93C
Other contributory causes of importance: Chr. myocarditis

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) W. B. Jenkins M. D.
305 E. College
Address _____

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.

