

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.

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25333

REC'D AUG 24 1938

1. PLACE OF DEATH

319 County Green
3 Township
6 City Springfield

Registration District No. 316

File No. _____
Registered No. 563

Primary Registration District No. 2001
(No. Springfield Baptist Hospital St. _____ Ward _____)

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward Seymour Mo
(Usual place of abode) (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

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 Homer G. Chaffin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25 - 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 6 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Present 11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winona Mo.

13. NAME Wk Francen

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

15. MAIDEN NAME Amanda Reed

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

17. INFORMANT (ADDRESS) Homer G. Chaffin
Seymour Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Seymour Mo DATE 7-21 1938

19. UNDERTAKER (ADDRESS) McMahon & Watson
Seymour Mo

20. FILED July 21, 1938 Chas. A. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17 1938

22. I HEREBY CERTIFY That I attended deceased from July 17 1938, to July 17 1938.
I last saw her alive on July 17 1938. Death is said to have occurred on the date stated above, at 12:59 p.m.

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

Post partum hemorrhage
144 lbs
Date of onset: July 16, 1938

Other contributory causes of importance:

Retained placenta
Date of onset: July 16, 1938

Name of operation none 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) Wm R. Farthing M. D.

(Address) med arts Bldg

