

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.

**AUG 24 1938**

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

Dr. Upshaw

25372  
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. 606  
 (c) City Springfield (d) Street No. 1324 E. Delmar Street,  
 (If death occurred in Hospital or Institution, write its name instead of street and number) 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** Mrs. Matilda Marker

(a) Residence, No. 1324 E. Delmar St. 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown, 1 32

22. I HEREBY CERTIFY, That I attended deceased from 7-25-38, 19... to 7-30-38, 19...  
 I last saw her alive on 7-29-38, 19... Death is said to have occurred on the date stated above, at 4 p.m.  
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24, 1852  
 7. AGE YEARS 85 MONTHS 10 DAYS 6 If LESS than 1 day, ..... hrs. or ..... min.

Chronic Myocarditis with mitral regurgitation.  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: Arteriosclerosis

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. housewife  
 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) Virginia

FATHER 13. NAME Reuben Lord

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

MOTHER 15. MAIDEN NAME Sabrina Benson

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

17. INFORMANT Mrs. Alonzo Johnson  
 (ADDRESS) Springfield, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE August 1, 1938

19. FUNERAL DIRECTOR (NAME) Herman E. Lohmeyer  
 (ADDRESS) Springfield, Missouri

20. FILED Aug 1 1938 Chas A. Hoopes  
 Local Registrar

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) Paul Upshaw, M.D., M. D.  
 (Address) Springfield, Missouri

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**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.**