

DEC'D SEP 21 1938

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

Do not use this space.

28901

1. PLACE OF DEATH

37 County Greene Registration District No. 315
Township _____ Primary Registration District No. 2001
6 City Springfield (No. 1009) Mo State

File No. _____
Registered No. 631
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. 1009 Mo State St., _____ Ward. 65
(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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 3 - 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
✓ 85 8 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Ind.

13. NAME Elk

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

15. MAIDEN NAME Elk

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

17. INFORMANT W. H. Carnagey
(ADDRESS) Springfield Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Maple Park DATE Aug 14 35

19. UNDERTAKER Alma Lohmeyer
(ADDRESS) Springfield Mo.

20. FILED Aug 13 1938 Chas. George
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 12 1938, to Aug. 12 1938

I last saw her alive on Aug. 12 1937. Death is said to have occurred on the date stated above, at 12:40 A.M.

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

Coronary thrombosis Date of onset _____

Other contributory causes of importance:
Cracked Vasculum Rerual
Decease

Name of operation _____ 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) Ronald F. Elkner M. D.
(Address) Springfield Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

