

REG'D SEP 21 1938

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

28923

Do not use this space.

## 1. PLACE OF DEATH

(a) County Green Registration District No. 318  
(b) Township Springfield Primary Registration District No. 2001  
(c) City Springfield (d) Street No. 1135 N National Registered No. 659  
(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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

(a) Residence, No. 1135 National Bldg St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

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) Aug. 10 - 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
97 0 15

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.

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) Mo

FATHER 13. NAME Wm McFarland

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

MOTHER 15. MAIDEN NAME Rachel Britt

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

17. INFORMANT (ADDRESS) Bessie Campbell  
1135 National

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood Aug 30, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. M. Campbell  
869 Wash Ave

20. FILED Aug 27, 1938 Chas H. Morgan  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/25 1938

22. I HEREBY CERTIFY, That I attended deceased from 1936 to Aug 21, 1938

I last saw him alive on Aug 21, 1938 Death is said to have occurred on the date stated above, at 10 a m.

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

Abnormal Hemorrhage Date of onset

Other contributory causes of importance: None

Name of operation None Date of X

What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 1938

Where did injury occur? None (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None

If so, specify None

(Signed) J. J. Robertson, M. D.

(Address) Springfield Mo

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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.**