

REC'D OCT 20 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Dr. Powell

32243

Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 318

(b) Township 4 Primary Registration District No. 2001

(c) City Springfield, Mo. Street No. St. Johns Hospital Registered No. 735

(d) 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

(a) Residence, No. 1344-c, Mill 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26-1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.

✓ 23 3 2

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

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) Benton Co., Arkansas

(STATE OR COUNTRY)

13. NAME James Patton

14. BIRTHPLACE (CITY OR TOWN) Arkansas

(STATE OR COUNTRY)

15. MAIDEN NAME Lattie Scott

16. BIRTHPLACE (CITY OR TOWN) Arkansas

(STATE OR COUNTRY)

17. INFORMANT Mrs. Marion Duke (Mother)

(ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Buttrick Chapel DATE Sept. 30, 1938

19. FUNERAL DIRECTOR (NAME) Wm. J. Spivey

(ADDRESS) Springfield, Mo.

20. FILED Sept 28, 1938 Phas A. George

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1938 to Sept 28, 1938

I last saw him alive on Sept 28, 1938. Death is said to have occurred on the date stated above, at 7 A m.

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

diabetes mellitus

coma

Date of onset

Other contributory causes of importance: 59

Name of operation Suicidal Date of 9-24-38

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury Sept 28, 1938

Where did injury occur? at home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury suicide

Nature of injury suicide

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Emmanuel M. D.

(Address) Springfield, Mo.

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.