DEC DEC 1 9 1938

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

39173
Do not use this space.

1. PLACE OF DEATH
(a) County Greene | Registration District No. 318
(b) Township S-Campbell | Primary Registration District No. 2001 | Registered No. 854
(c) City Springfield (d) Street No. 510 S Robberson St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

6.55

2. PRINT FULL NAME MARY GRACE BREYMAN
(a) Residence, No. 510 So. Robberson 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

3. SEX Female | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3 - 1876

7. AGE: YEARS 62 | MONTHS 10 | DAYS 9 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
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) Columbus Ohio

FATHER
13. NAME Thomas Earhart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Ohio

MOTHER
15. MAIDEN NAME Jeanette Trampton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Ohio

17. INFORMANT Harold L. Breyman
(ADDRESS) 509 Lilly St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Green Lawn DATE 11-13 1938

19. FUNERAL DIRECTOR (NAME) Dunn-Hall
(ADDRESS) 629 W. Walnut St

20. FILED Nov 13 1938 Chas A. Georgeff
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-12- 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27- 1938, to Nov-12 1938
I last saw her alive on Nov-10 1938. Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Clinical Hx X Ray was done duodenal Ex. showing with blocking of duodenum gastric symptoms appeared 6 mo ago	

Other contributory causes of importance:
None

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) C. E. Feller, M. D.
(Address) Springfield Mo

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.

Licensed Embalmer's Statement on Reverse Side)

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 Floyd W. Fo

Licensed Embalmer No. 2910

P. O. Address 629 W Walnut

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.