

DEC 1 9 1938

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

29211
Do not use this space.

1. PLACE OF DEATH

(a) County Green Registration District No. 316
(b) Township Springfield Primary Registration District No. 2001 Registered No. 893
(c) City Springfield (d) Street No. 1007 Forrest 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 659 Lillie Burns 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) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7 - 1900
7. AGE YEARS 38 MONTHS 6 DAYS 20 If LESS than 1 day, hrs. or min.
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) Texas

FATHER 13. NAME C. Wright Haynes

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

MOTHER 15. MAIDEN NAME Fyvie Caldwell

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

17. INFORMANT (ADDRESS) Rosa Wright
939 N. Forrest

18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln Mem. Park Nov 30, 1938

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

20. FILED Nov 28, 1938 Chas. A. Thomas Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/27/1938

22. I HEREBY CERTIFY, That I attended deceased from 10/15/1938 to 11/27/1938
I last saw her alive on 11/27/1938 Death is said to have occurred on the date stated above, at 2:35 p.m.

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

Suppurating abscess of leg
extending to bone
Septicemia
151

Other contributory causes of importance: Chronic nephritis

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? Accident Date of injury 12/15/1938
Where did injury occur? Springfield, Mo. Street Co.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. occurred at home

Manner of injury burning while standing over stove
Nature of injury 3rd degree burns, buttock, back, arms, leg.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify (Signed) R. G. Jenkins M. D.
30 S. College St.

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.

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,

H. P. Campbell

....., or by

Registered Apprentice No., working under my personal supervision

Signed *H. P. Campbell*

Licensed Embalmer No. *1747*

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.