

REC'D FEB 15 1939

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

2301
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 318
(b) Township N. Campbell Primary Registration District No. 2001 Registered No. 36
(c) City SPRINGFIELD (d) Street No. 1529 N. Robberson St. _____
(e) Length of residence in city or town where death occurred 77 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

LUCY MABEL GILTNER
(a) Residence, No. 1529 N. Robberson St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF W. G. Giltner (area)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
✓ 77 8 25

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) Springfield Mo.

FATHER 13. NAME Henry Matlock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Jarvis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.

17. INFORMANT (ADDRESS) Gloyd W. Fox R-7 Springfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE Jan-15, 1939

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

20. FILED Jan 14, 1939 Chas. H. Morgan Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-12, 1939

I HEREBY CERTIFY That I attended deceased from Sept 1st, 1928, to Jan 12, 1939
I last saw her alive on Jan 12, 1939. Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Myocarditis, acute
Other contributory causes of importance: None

Name of operation none Date of _____
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? _____ 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) Don H. Selsky M. D.
(Address) Springfield Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important. 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,

....., or by

Registered Apprentice No....., working under my personal supervision

Signed.....
Rayd W. Ford

Licensed Embalmer No. *2910*

P. O. Address *629 W. Wake*

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.