

APR 13 1939

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

10790
Do not use this space.

1. PLACE OF DEATH
 (a) County Greene Registration District No. 316
 (b) Township Springfield Primary Registration District No. 2801 Registered No. 195
 (c) City Springfield (d) Street No. Berge Hosp 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
 2. PRINT FULL NAME DOROTHY HOLLIS CHASTAIN
 (a) Residence, No. 2315 N Howard 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) Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Divorced
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 17, 1912
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hra. ormin.
✓ 26 2 17
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. In Home
 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) Ala.
 FATHER 13. NAME Frank L. Chastain
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala.
 MOTHER 15. MAIDEN NAME Zelpha Ray
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala.
 17. INFORMANT (NAME) (ADDRESS) Mrs. Frank L. Chastain
2315 N Howard
 18. BURIAL, CREMATION, OR REMOVAL Green Lawn Cemetery March 5, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geoplingner Co
Springfield, Mo.
 20. Local Registrar 290

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 4, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Mar. 2, 1939 to Mar. 4, 1939
 I last saw her alive on Mar. 4, 1939 Death is said to have occurred on the date stated above, at 8:42 a.m.
 The principal cause of death and related causes of importance were as follows:
Acute encephalitis Date of onset 3/1/39
Influenza 2/24/39
 Other contributory causes of importance:
 Name of operation Date of
 What test confirmed diagnosis? Tuberc. Was there an autopsy? yes
 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? no
 If so, specify
 (Signed) Arthur D. Smith, M. D.
 (Address) 450 1/2 E. Coul St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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; or by.....

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

Signed.....
Licensed Embalmer No. 3358
P. O. Address..... Springfield Mo.

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.