

REC'D MAY 11 1939

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

14890
Do not use this space.

1. PLACE OF DEATH
(a) County Greene Registration District No. 318
(b) Township _____ Primary Registration District No. 2001 Registered No. 323
(c) City Springfield (d) Street No. 704 W Grand 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
Mary Barker
(a) Residence, No. 704 W Grand St. (If nonresident, give city or town and State)

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) June, 19-1887
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 51 9 26

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) Ark.13. NAME Charley Days14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.15. MAIDEN NAME Louise Wilson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.17. INFORMANT (ADDRESS) Henry Barker 704 W Grand18. BURIAL, CREMATION, OR REMOVAL Maplewood DATE Apr. 17, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) W. R. Jenkins 267 Wash. Ave.20. FILED Apr. 17, 1939 Chas. A. George Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/15/193922. I HEREBY CERTIFY, That I attended deceased from 11/24/1938 to 3/15/1939
I last saw her alive on 3/14/1939. Death is said to have occurred on the date stated above, at 8:30 A.M.

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

Chr. Myocarditis with acute Exacerbation Date of onset 3/3/39Other contributory causes of importance: Chr. Myocarditis
Ess. Hypertension

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) R. B. Jenkins, M. D.(Address) 305 College St.

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,

J. P. Campbell

....., or by

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

Signed.....

J. P. Campbell

Licensed Embalmer No.

1247

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.

X