REC'D MAY 11 1939

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

14913
Do not use this space.

39
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6

1. PLACE OF DEATH
(a) County GREENE
(b) Township or
(c) City SPRINGFIELD
Registration District No. 318
Primary Registration District No. 2001
Registered No. 351
(d) Street No. Burge Hospital 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 563 MOLLIE ELANORA VINYARD.
(a) Residence, No. R#2 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Bert Vinyard
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18 - 1891
7. AGE ✓ YEARS 48 MONTHS 2 DAYS 8 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
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) Mo. 0

FATHER
13. NAME Barney Holden 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. 1

MOTHER
15. MAIDEN NAME Viola Sage
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Bert Vinyard Springfield Mo. R#2
18. BURIAL, CREMATION, OR REMOVAL PLACE East Lawn DATE April 28 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Klingner & Co. Springfield Mo.
20. FILED April 28 1939 Chas A. George M.D. Local Registrar. 290

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1939
22. I HEREBY CERTIFY, That I attended deceased from April 14, 1939, to April 26, 1939
I last saw her alive on April 26, 1939. Death is said to have occurred on the date stated above, at 10 05 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema of Lungs - caused from	4-25-39
Other contributory causes of importance: Cerebral Hemorrhage	4-14-39

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) Henry F. Knabb, M. D.
(Address) 450 1/2 E. Court St.

(Licensed Embalmer's Statement on Reverse Side)

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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.