

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.

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

Do not use this space.

REC'D JUL 11 1939

1. PLACE OF DEATH

39 County Greene
Township North Campbell
City Springfield R.H. (No. 350)

Registration District No. 316
Primary Registration District No. 5439

File No. 22185
Registered No. 503
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) R. H. D. Hayden

Willard Mrs
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Hayden

22. I HEREBY CERTIFY That I attended deceased from May 23, 1939 to June 20, 1939
I last saw h. alive on June 20, 1939 Death is said to have occurred on the date stated above, at 1:30 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-20-1867

7. AGE YEARS 72 MONTHS 4 DAYS 0 If LESS than 1 day,hra. ormin.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Senility
131
Other contributory causes of importance:
Enteritis
Chronic Nephritis
Date of onset 5/16/39
1930

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minnesota

13. NAME Robert Sumnerville

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

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Mrs Ernest Daind
(ADDRESS) 2042 East High Springfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Bronx Church DATE June 20, 1939

19. UNDERTAKER Springfield Funeral Service
(ADDRESS) and

20. FILED June 20, 1939 Chas A. George Registrar

Name of operation _____ Date of _____
What test confirmed diagnosis? None 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? No
If so, specify _____
(Signed) E. G. McMillin M. D.
(Address) Springfield, Mo.

