DEC 10 AUG 14 1939

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

25645
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE — Registration District No. 318
(b) Township or — Primary Registration District No. 2001 — Registered No. 584
(c) City SPRINGFIELD — (d) Street No. 1246 N. BROADWAY 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 432 BELLE SHIELDS
(a) Residence, No. 1246 N. BROADWAY 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) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 22 - 1855
7. AGE YEARS ✓ 83 MONTHS 7 DAYS ✓ If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Work
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) Webster Co. Mo.

FATHER
13. NAME Green Robinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Sally Yandel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Margaret Rice Springfield Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Shields Cemetery DATE July 26 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Klingner Co. Springfield Mo.
20. FILED 7-26 1939 Chas A. George MD Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1939
22. I HEREBY CERTIFY, That I attended deceased from May 24, 1939, to 7/24, 1939
I last saw her alive on 7/24, 1939 Death is said to have occurred on the date stated above, at 8:05 P. m.
The principal cause of death and related causes of importance were as follows:
Arteria - Sclerosis
Date of onset
93C
Other contributory causes of importance: Chr - Myocarditis
Name of operation None Date of No
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? No 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) [signature], M. D.
290 (Address) Springfield Mo

(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 Warren D. Noblett

Licensed Embalmer No. 4005

P. O. Address Springfield M

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

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

X