FILED JUN 12 1941

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

Do not use this space.

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1. PLACE OF DEATH
County: Greene — Registration District No. 318 — File No. 17835
Township: — Primary Registration District No. 2021 — Registered No. 423 AC
City: Springfield (No. Springfield Baptist Hosp. St. ..... Ward)

2. FULL NAME: Mrs Alice Jorg
(a) Residence, No. Elkhead, Mo St., ... Ward. Elkhead, Mo.
(Usual place of abode) (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

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: August Jorg
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 9-1882
7. AGE — YEARS: 59 — MONTHS: 10 — DAYS: 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Mo

FATHER
13. NAME: Lewis Swearengin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Mo

MOTHER
15. MAIDEN NAME: Mary Johns
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Mo

17. INFORMANT (ADDRESS): August Jorg Elkhead Mo
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Union Chapel — DATE: 5/21 1941
19. UNDERTAKER (ADDRESS): Rathbun & Chaffin Sparta Mo
20. FILED: 5-21 1941 W. E. Hindley M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 19th 1941
22. I HEREBY CERTIFY, That I attended deceased from April 28, 1941, to May 19, 1941
I last saw her alive on May 19, 1941. Death is said to have occurred on the date stated above, at 1-30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus -	6 mo.
Pneumonia Lobar -	April 28th
Gangrene of toe	6 mo.

Other contributory causes of importance: 61

Name of operation ..... Date of .....
What test confirmed diagnosis? Blood urine 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? .....
If so, specify .....
(Signed) Guy D. Calloway, M. D.
(Address) Springfield Mo

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.

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