

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

Do not use this space.

Taylor
126222

SEP 9 1936

1. PLACE OF DEATH

County Greene
 Township _____
 City Springfield, Mo. (No. _____)

Registration District No. 318
 Primary Registration District No. 2001
933 Boonville

File No. _____
 Registered No. 570
 St. _____ Ward) _____

2. FULL NAME Mary Armon

(a) Residence, No. 933 Boonville St. _____ Ward. _____
 (Usual place of abode)

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. (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) Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 6 4

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) Ill.

13. NAME Geo. Forshee

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

15. MAIDEN NAME Eliz. Wood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT Mrs. Fannie Hale
 (ADDRESS) 933 Boonville

18. BURIAL, CREMATION, OR REMOVAL PLACE Desloge, Mo. DATE 7/6/ 36 19.

19. UNDERTAKER Herman Lohmeyer
 (ADDRESS) Springfield, Mo.

20. FILED 7-5-36 19 Or. Chas a George
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-3-1936

22. I HEREBY CERTIFY, That I attended, deceased from 5/13/36, 1936, to 7/3/36, 1936.
 I last saw h. alive on 7/3/36, 1936. Death is said to have occurred on the date stated above, at 5:30 p.m. 7/4/36.
 The principal cause of death and related causes of importance were as follows:

Heart Failure
Chronic Myocarditis
131
 Other contributory causes of importance:
Bright's Disease (Chronic)?

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) Wm E Taylor, 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.

