

PLACE OF DEATH

County HentleyTownship CoupeVillage Stanberry Mo.City Stanberry Mo. (NO)Registration District No. 314File No. 16747Primary Registration District No. 4190Registered No. 14

St. Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Louise M. Alldredge

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR OR RACE W. SINGLE MARRIED married WIDOWED OR DIVORCED Wife ofDATE OF BIRTH November 27, 1853 J. S. Alldredge (Month) (Day) (Year)AGE 74 yrs. 5 mos. 19 ds. IF LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(City or town, State or foreign country) Hentley Co. MO

PARENTS

NAME OF FATHER Henry CarterBIRTHPLACE OF FATHER Indeuss.MAIDEN NAME OF MOTHER Harriette ShockleyBIRTHPLACE OF MOTHER Va.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. S. Alldredge(ADDRESS) Stanberry Mo.Filed 5/23-1928 65 Bernat

REGISTRAR

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 16, 1928I HEREBY CERTIFY, that I attended deceased from May 1st, 1928, to May 16th, 1928,that I last saw her alive on May 16th, 1928,and that death occurred, on the date stated above, at 120 m.

The CAUSE OF DEATH* was as follows:

Natural Heart trouble with nervous break down.92A 27B 900W Duration 3 mos. 19 ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. H. McEaslin M. D.May 16th, 1928 (Address) Stanberry Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death, yrs. 2 mos. 10 ds. In the yrs. 74 mos. 19 ds.Where was disease contracted if not at place of death? Andrew CoFormer or usual residence Rosedale Mo.PLACE OF BURIAL OR REMOVAL Whitewater MoDATE OF BURIAL 5/18, 1928UNDERTAKER Labor R. PhillipsADDRESS Stanberry 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.

PLACE OF DEATH

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

County _____

Township _____

or

Village _____

or

City _____

Registration District No. _____

File No. _____

Primary Registration District No. _____

Registered No. _____

(NO. _____)

St. _____

Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (# fill the word)
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DATE OF BIRTH

_____, 19____, 1____ (Day) _____ (Year)

AGE _____ yrs. _____ mos. _____ ds. IF LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE

(City or town, State or foreign country) _____

NAME OF FATHER

BIRTHPLACE OF FATHER

(City or town, State or foreign country) _____

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER

(City or town, State or foreign country) _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(ADDRESS) _____

Filed _____, 19____,

19____,

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

_____, 19____, 1____ (Month) _____ (Day) _____ (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____,

that I last saw h _____ alive on _____, 19____,

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory

(SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) _____

M. D.

(Address) _____, 19____

*State the Disease Causing Death, or, in deaths from Violent Cause, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death?

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

Dr. C. H. H. C. B. A. I.