

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

Do not use this space.

22338

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 785
Primary Registration District No. 600
(No. 5056 Thruach

File No.
Registered No. 6527
St. Ward)

2. FULL NAME

Allice L. Prescott

(a) Residence. No. St. 7 Ward.
(Usual place of abode)

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

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 *Charles W Prescott*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *March 21 - 1849*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 2 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) *at home*
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

10. NAME OF FATHER *John Piddle*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

12. MAIDEN NAME OF MOTHER *Margaret Wells*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Canada*

14. INFORMANT *Hattie Powell*
(Address) *5056 Thruach*

15. N 21 1323 *May C Stark*
FILED. 19. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 18 - 1928*

17. I HEREBY CERTIFY, That I attended deceased from *May 25*, 1928, to *June 18*, 1928, that I last saw her alive on *June 18*, 1928, and that death occurred, on the date stated above, at *5:30 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Brachio Pneumonia
1000 (duration) yrs. mos. 25 da.

CONTRIBUTORY (SECONDARY) *Senility*
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

3 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) *Uersa King* M. D.
, 19 (Address) *4958 Emerson. Av.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Valhalla *June 21 1928*

20. UNDERTAKER ADDRESS

Bensons-Mehaus *113876*

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.

