JAN 21 1929

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

Do not use this space.

39444

1. PLACE OF DEATH
County: Buchanan — Registration District No. 82 — File No. 13
Township: Marion — Primary Registration District No. 5723 — Registered No. 13
City: Easton (No. ..... St. ..... Ward)

2. FULL NAME: Alice L. Avery
(a) Residence. No. R. R. #2 Easton Mo. St., ... Ward. .....
(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: John F. Avery

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 28, 1893

7. AGE: Years 35 — Months 5 — Days 2 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Trenton
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Charles Bayles
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Princeton
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Ellen Platte
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Princeton
(STATE OR COUNTRY): Mo.

14. INFORMANT: John F. Avery
(Address): R. R. # 2 Easton Mo.

15. FILED 1/10, 1929 — D. F. Bigham MD — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 30, 1928 19

17. I HEREBY CERTIFY, That I attended deceased from DEC23, 1928, to ....., 19..., that I last saw her alive on Dec. 23, 1928, and that death occurred, on the date stated above, at 2.30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY): Pulmonary Tuberculosis

(duration) 3 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Oscar L. Perkins, M. D
12/3 1928 (Address) Clarksdale, Mo.

*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: King Hill Cem.
DATE OF BURIAL: Dec. 31 1928

20. UNDERTAKER: Fred D. Clark
ADDRESS: 5025 King Hill Av.

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.