

Jan 25 1928

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

Do not use this space.

~~37653-A~~
41771

1. PLACE OF DEATH

County Monroe

Registration District No. 582

File No. _____

Township _____

Primary Registration District No. 4344

Registered No. 64

City Paris (No. _____) St. _____ Ward _____

2. FULL NAME

~~(Infant)~~ Alberta Troy

(a) Residence. No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

female

4. COLOR OR RACE

negro

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

Nov. 5, 1928

7. AGE

YEARS

MONTHS

DAYS 9

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

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

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

Paris Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

Vivian Troy

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Paris Mo.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Dorine Hayden

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Paris Mo.

(STATE OR COUNTRY)

14.

INFORMANT (Address)

Vivian Troy Paris, Mo.

15.

FILED

11/15-28 J. C. Payne REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Nov. 14 1928

17.

I HEREBY CERTIFY That I attended deceased from Nov 4, 1928, to Nov 14, 1928 that I last saw her alive on Nov 4, 1928, and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Malnutrition
158

CONTRIBUTORY (SECONDARY)

160

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____

no

20. WAS THERE AN AUTOPSY? _____

no

WHAT TEST CONFIRMED DIAGNOSIS?

Clinical
(Signed) W. C. Payne, M. D.

11/15, 1928 (Address) Paris, 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

Walnut Grove

DATE OF BURIAL

Nov. 15, 1928.

20. UNDERTAKER

none

ADDRESS

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.

