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

Do not use this space.

APR 24 1929

10311

1. PLACE OF DEATH
County Green County — Registration District No. 318 — File No. 2[illegible]
Township — Primary Registration District No. 2001 — Registered No. 2[illegible]
City Springfield Mo. (No. Springfield Baptist Hospital St. ..... Ward)

2. FULL NAME Georgia Irene Altic
(a) Residence. No. ..... St., ... Ward. Bolivar, Mo.
(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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 6 - 1916

7. AGE: 12 YEARS — MONTHS: 4 — DAYS: 12 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Polk Co

PARENTS
10. NAME OF FATHER: John David Altic
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Polk Co
12. MAIDEN NAME OF MOTHER: Ora Cox
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Green Co

14. INFORMANT (Address): Ora Altic

15. FILED 3-27, 1929 — Lon Sharp, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 18, 1929

17. I HEREBY CERTIFY, That I attended deceased from March 12, 1929, to March 18, 1929, that I last saw her alive on March 18, 1929, and that death occurred, on the date stated above, at 8:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1 Pt Peritonitis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Rupt appendix
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF March 12, 1929
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Nellie Smith, M. D.
3-27, 1929 (Address) Springfield 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: Slagle Cemetery Polk County — DATE OF BURIAL: Mar. 18 1929

20. UNDERTAKER: H. S. White Und. Co. — ADDRESS: Bolivar, Mo.

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.

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