

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

Do not fill this space.

30081

85

File No. ....

PLACE OF DEATH  
 County Buchanan .....

Registration District No. ....

Township .....

Primary Registration District No. 1001 .....

Registered No. 1064 .....

City St. Joseph, Mo., (No. 813 Sycamore) .....

St. .... Ward)

2. FULL NAME Alice Gaine  
 (a) Residence. No. 813 Sycamore 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 White  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 13, 1929  
 17. I HEREBY CERTIFY, That I attended deceased from 17 March, 1928, to Sept 12, 1929 that I last saw h. in alive on Sept 12, 1929 and that death occurred, on the date stated above, at 5:00 a. m.  
 18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Diabetes mellitus and  
apoplexy  
Diabetes (duration) 1 yrs. 5 mos. 26 ds.  
 CONTRIBUTORY (SECONDARY) Shock due to injury  
accidental fall into ditch (duration) yrs. mos. ds. 4 ds.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 17, 1863  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
66 5 26  
 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) .....

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH .....

9. BIRTHPLACE (CITY OR TOWN) Clinton County,  
 (STATE OR COUNTRY) Missouri

DID AN OPERATION PRECEDE DEATH? (Date of .....

10. NAME OF FATHER Peter Pike

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Joseph Cem DATE OF BURIAL Sept. 16, 1929

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

20. UNDEERTAKER Edman Funeral Home ADDRESS 1946 Polk

12. MAIDEN NAME OF MOTHER Jennie Amos

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. C. W. Armstrong  
 (Address) St. Joseph, Mo.

15. FILED 19 1929 REGISTRAR J. L.

N. B.—Every item of information should be carefully supplied. AGE should be EXACTLY. PHYSICIAN'S SIGNATURE is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

22 1929  
 OCT 7

PARENTS

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