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.

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

Do not use this space.

2093

FEB 13 1930

1. PLACE OF DEATH
County Nodaway — Registration District No. 625 — File No. 1
Township — Primary Registration District No. 3031 — Registered No. 8
City Maryville (No. ..... St. ..... Ward)

2. FULL NAME Alice M Hosmer
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 14 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	78	2	10	

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

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER Morton Perry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER — Chapman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ohio

14. INFORMANT R P Hosmer
(Address) Maryville

15. FILED 1-25 1930 C. P. Fryer M.E.C. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1929, to Jan 24th, 1930, that I last saw her alive on Jan 24th, 1930, and that death occurred, on the date stated above, at 8 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Thrombosis
93C
94B (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Chronic myocarditis (duration) 6 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? Symptoms & Laboratory
(Signed) C. V. Martin M. D.
, 19 (Address) Maryville 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	DATE OF BURIAL
Miriam Maryville	1-26 1930
20. UNDERTAKER	ADDRESS
Cummins Furn Co	Maryville