

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

Do not use this space.

32030

1. PLACE OF DEATH

County Andrew
Township Settlem
City Mexico (No.)

Registration District No. 24
Primary Registration District No. 3002

File No.
Registered No. 136 St. Ward)

2. FULL NAME

Elizabeth Alms.
(a) Residence. No. 945 Mulhous 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 Wm Alms.

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

7. AGE 66 YEARS MONTHS DAYS 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) Ottawa, Ill.
(STATE OR COUNTRY)

10. NAME OF FATHER Wm McLaughlin

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT (Address) Mrs Anna Mulick

15. FILE NO. 1530 Dr S. Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 31 1930

17. I HEREBY CERTIFY, That I attended deceased from Year 1926, to Oct 31, 1930
that I last saw him alive on Oct 28, 1930, and that death occurred, on the date stated above, at A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis of the lungs
2, 2A

31 (duration) yrs. mos. ds.

CONTRIBUTOR (SECONDARY) 31 (duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? Yes DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physician + Laboratory
(Signed) W. J. Farrell

, 19 (Address) Mexico, 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 Catholic Church DATE OF BURIAL Nov 2 1930

20. UNDERTAKER H A Brecht & Son ADDRESS Mexico

