DEC 23 1930

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

Do not use this space.

1. PLACE OF DEATH

County Moniteau — Registration District No. 571 — File No. 36814

Township Warren — Primary Registration District No. 4335 — Registered No. 60

City California (No. ..... St. ..... Ward)

2. FULL NAME Alice Smith Bussa

(a) Residence. No. California Mo St., 300 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. 6 mos. 22 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): widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 28, 1858.

7. AGE: ~~[illegible]~~ 70 Years, 6 Months, 22 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) California, Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER T. J. Smith.

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

12. MAIDEN NAME OF MOTHER Elizabeth Sterling

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

14. INFORMANT J. P. Bussa Jr.
(Address) California, Mo

15. FILED Nov 4, 1930 — J. A. W. Roth, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 20 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 13th, 1930 to Nov 20, 1930 that I last saw her alive on Nov 20, 1930 and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Thrombus

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) 14B

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. P. Bussa Jr., M. D.

11/21, 1930 (Address) California, 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 Cemetery — DATE OF BURIAL: Nov 22 1930

20. UNDERTAKER: J. W. Wilson & Son — ADDRESS: California, Mo.

N. B.—Every item of [illegible] fully supplied. [illegible] state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of [illegible] ATION is very important.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Moniteau Registration District No. 371 File No.
Township Primary Registration District No. 4335 Registered No. 60
City Calif. (No. St. Ward)

2. FULL NAME Alice Smith Brick
(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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	W	Wid

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 28-1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
X	72 X	6	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(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)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED Nov 21, 1930 Jas W Roth
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 20 1930

17. I HEREBY CERTIFY, That I attended deceased from ..., 19.. to ..., 19.., that I last saw h... alive on ..., 19.., and that death occurred, on the date stated above, at ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) , M. D
, 19 (Address)

*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 19
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

N... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should ... CAUSE OF ... be properly ... REGISTRAR ... CERTIFICATES UNTIL ... PRESCRIBED LAW

5-36844