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

Do not use this space.

40492

File No.
Registered No.

1. PLACE OF DEATH
County St Clair
Township Doyal
City (No. St. Ward)

Registration District No. 1005
Primary Registration District No. 6009

2. FULL NAME Miss Grace McAllister

(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.

JAN 22 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
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 —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-20-1870

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	60	2	8	

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

9. BIRTHPLACE (CITY OR TOWN) Vista Mo.
(STATE OR COUNTRY) St Clair Co.

PARENTS
10. NAME OF FATHER Hugh R McAllister
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Penn.
12. MAIDEN NAME OF MOTHER Mary Jane Hammilton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Penn.

14. INFORMANT Mrs. J. W. Pyeatt
(Address) Osceola Mo.

15. FILED 1/14, 1931 Nellie M. Pyeatt
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 28 1930

17. I HEREBY CERTIFY, That I attended deceased from 12-24, 1930, to 12-28, 1930 that I last saw her alive on 12-24, 1930, and that death occurred, on the date stated above, at 7 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Malignancy of liver - likely carcinomatosis -
4 days
1 yr B (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Chronic bronchitis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? H H B
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS? Clinical -
(Signed) Ruth Leevers, M. D.
12/30, 1930 (Address) Osceola 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: Osceola Cemetary
DATE OF BURIAL: Dec 30 1930

20. UNDERTAKER: McClung & Austin Funeral Dir.
ADDRESS: Osceola

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
County St Clair — Registration District No. 1005 — File No.
Township Doyal — Primary Registration District No. 6009 — Registered No.
City (No. , St. Ward)

2. FULL NAME Grace McAllister
(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): S
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 20-1870
7. AGE: 60 Years, 2 Months, 8 Days — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Post Mistress
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Vista Mo
(STATE OR COUNTRY) St. Clair Co.

PARENTS
10. NAME OF FATHER Hugh R. McAllister
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Pa.
12. MAIDEN NAME OF MOTHER Mary Jane Hammilton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Pa.

14. INFORMANT Mrs F. W. Pyeatt
(Address) Osceola Mo.

15. FILED 30, 1931 Mrs Minnie H. Gordon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 28 1930
17. I HEREBY CERTIFY, That I attended deceased from 12-24, 1930, to 12-28, 1930 that I last saw her alive on 12-24, 1930, and that death occurred, on the date stated above, at 7 P.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Malignancy of liver — Likely Carcinoma
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Chronic bronchitis
(duration) yrs. mos. ds.
448
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? Clinical
12/30 1930 (Signed) Ruth Seeivers, M. D
(Address) Osceola 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: Osceola Cemetery — DATE OF BURIAL: Dec 30 1930
20. UNDERTAKER: McClenay Austin Funeral H. — ADDRESS: Osceola Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

...TE PLAINLY WITH UNFAD... THIS IS A PERMANENT RECORD

...D.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact ... of OCCUPATION is very imp...

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