

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

Do not use this space.

3985

791

1003

File No. \_\_\_\_\_  
Registered No. 1234  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County \_\_\_\_\_

Registration District No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

City \_\_\_\_\_

(No. \_\_\_\_\_)

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ (Usual place of abode) \_\_\_\_\_ Ward \_\_\_\_\_

(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)

Female White Widowed

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

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

Nov 4 - 1884

7. AGE

YEARS 46

MONTHS 2

DAYS 26

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Homemaker

(b) General nature of industry, business, or establishment in which employed (or employer)

235

(c) Name of employer

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR)

Jan 30 1931

I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 1931, to \_\_\_\_\_ 1931, that I last saw her alive on \_\_\_\_\_ 1931, and that death occurred, on the date stated above, at \_\_\_\_\_ 12:10 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Hemorrhage

CONTRIBUTORY (SECONDARY)

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

Clinical

(Signed) \_\_\_\_\_ M. D.

\*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.

PARENTS

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Arkansas

10. NAME OF FATHER

John Alexander

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Arkansas

12. MAIDEN NAME OF MOTHER

Elizabeth Meade

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) S. Carolina

14. INFORMANT

(Address) \_\_\_\_\_

15. FILED

31 1931 \_\_\_\_\_ REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Oakwood Cemetery

DATE OF BURIAL

72 1931

20. UNDERTAKER

Reitz Bros. 3029 Lafayette

ADDRESS

Information should be carefully supplied. How accurate be stated. Exact statement of OCCUPATION is very important.

Tulloch.