

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

Do not use this space.

6222

MAR 25 1931

1. PLACE OF DEATH

58 County Frank
6 Township
4 City Marcelline (No.)

Registration District No. 502
Primary Registration District No. 4305

File No.
Registered No. 6
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 10 1870
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 9 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired 235
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rosede mo

13. NAME Alfred Hall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston mo

15. MAIDEN NAME Celia

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rosede mo

17. INFORMANT Frances Gore (ADDRESS) Marcelline mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rosede Cemetery DATE Feb 9 1931

19. UNDERTAKER Jas M Laughlin (ADDRESS) Marcelline mo

20. FILED 27 7 1931 Wm Tutman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1931
22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1931 to July 1 1931
I last saw her alive on July 1 1931. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:
HB
OLD Anusitis
110
Other contributory causes of importance:
Gynorrage

Name of operation Date of operation
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify P. L. Tutman (Signed) W. M. Tutman M. D.
(Address) Marcelline mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

