

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.

APR 25 1931

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

Do not use this space.

1. PLACE OF DEATH

County Genoscot
Towship 7 harts
City _____ (No. _____)

Registration District No. 65-3
Primary Registration District No. 5864

File No. 10996
Registered No. 27
St. _____ Ward _____

2. FULL NAME

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-7-1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 1 21 —

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) Same
(c) Name of employer See

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linton Co Tenn

10. NAME OF FATHER Bratton Wallace

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

12. MAIDEN NAME OF MOTHER Mary Wallace

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

14. INFORMANT J. W. Randaer
(Address) 7 harts mo

15. FILED 3/29/1931 J. C. Johnson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 28, 1931

17. I HEREBY CERTIFY, That I attended deceased from 3-1-1931 to 3-28-1931, that I last saw him alive on 3-27-1931, and that death occurred, on the date stated above, at 8:22 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

apoplexy
82A

CONTRIBUTORY (SECONDARY) See

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

0 DID AN OPERATION PRECEDE DEATH, no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Fred L. Ogilvie, M.D.

, 19 (Address) Caruthersville 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

DATE OF BURIAL

County Cemetery 3/29/1931

20. UNDERTAKER

ADDRESS

H. S. Smith, Caruthersville, Mo

