18742 a

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

Do not use this space.

File No. 18742 a

Registered No.

1. PLACE OF DEATH

County Morgan

Township Oregon

City Near Gaugos Mill Mo (No. ..... St. ..... Ward)

Registration District No. 597

Primary Registration District No. 5795

2. FULL NAME Alberta County

(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)
Female	white	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 24th 1874

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
57	3		

8. OCCUPATION OF DECEASED

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

(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) Morgan Co Mo

PARENTS

10. NAME OF FATHER John. Selvey

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

12. MAIDEN NAME OF MOTHER Margrett Sidebottom

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

14. INFORMANT John County (Address) Gravis Mills Mo

15. FILED ....., 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 24th 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1930, to May 24, 1931 that I last saw her alive on May 20, 1931, and that death occurred, on the date stated above, at 2:00 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

(duration) 2 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) (duration) ..... yrs. ..... mos. ..... ds.

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? Symptoms

(Signed) S N Newton, M. D.

May 24 1931 (Address) Versailles 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
Holt cemetery	May 25 1931
20. UNDERTAKER	**ADDRESS**
Wm Kidwell	Versailles Mo

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Morgan — Registration District No. 5-97 — File No. 24
Township Osage — Primary Registration District No. 5-795 — Registered No. 5-97
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Alberta Coontz

(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*): M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24-1874

7. AGE: YEARS 57 — MONTHS 3 — DAYS — — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. /
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) Morgan Co / Mo

FATHER
13. NAME John Delvey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER
15. MAIDEN NAME Marynett Sidebottom
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

17. INFORMANT (ADDRESS) John Coontz / Morris Mills Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Holt Cem DATE May 25 ,193

19. UNDERTAKER (ADDRESS) Wm Kiswell / Versailles Mo

20. FILED 6/10 ,1931 W L Haller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 ,1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 ,1930, to May 24 ,1931
I last saw her alive on May 20 ,1931. Death is said to have occurred on the date stated above, at 2 00 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2 years

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Symptoms 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? .....
If so, specify .....
(Signed) D. N. Newton, M. D.
(Address) Versailles Mo

SUPPLEMENTAL

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

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