

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

Do not use this space.
22253

1. PLACE OF DEATH

County Nedaway
Township Nedaway
City Burlington Jc. Mo.

Registration District No. 618
Primary Registration District No. 4769

File No.
Registered No.
St. Ward)

2. FULL NAME Alice G. East

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF George W. East

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 6th 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 5 1

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).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Rochester Ill
(STATE OR COUNTRY)

10. NAME OF FATHER Ireland. Given name unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Geo. W. East
(Address) Burlington Jc. Mo.

15. FILED 6/8 19 31 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7th 1931

17. I HEREBY CERTIFY That I attended deceased from June 7 1931 to June 7 1931 that I last saw her alive on June 6 1931 and that death occurred, on the date stated above, at 4 PM

THE CAUSE OF DEATH* WAS AS FOLLOWS

apoplexy
suddenly

CONTRIBUTORY (SECONDARY) arteriosclerosis
hypertension

18. WHERE WAS DISEASE CONTRACTED? not at place of death?

DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? obvied

(Signed) O. E. Quinn, M.D.
6/7, 19 31 (Address) Burlington Jc. 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 Burlington Ill DATE OF BURIAL June 9 1931

2. UNDERTAKER Campbell Funeral Home Maryville Mo. ADDRESS

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.

JUL 27 1931

