

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

Do not use this space.

24726

1. PLACE OF DEATH

County Gentry
Township _____
City Albany (No. _____)

Registration District No. 309
Primary Registration District No. 4185

File No. _____
Registered No. 29 St. _____ Ward _____

2. FULL NAME

Rebecca Deboard

(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 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 Steven Deboard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17 - 1841

7. AGE YEARS 89 MONTHS 8 DAYS 23 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. Ky.

FATHER 13. NAME James B. Fugett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co. Ky.

MOTHER 15. MAIDEN NAME Sarah Elean

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co. Ky.

17. INFORMANT (ADDRESS) Steve Deboard Albany Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE July 13, 1931

19. UNDERTAKER (ADDRESS) A. J. Bare Albany

20. FILED July 10, 1931 W. T. Martin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1931

22. I HEREBY CERTIFY That I attended deceased from June 10, 1931 to July 9, 1931
I last saw her alive on July 9, 1931 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

Influenza + Senility

Date of onset _____
Other contributory causes of importance: 118
162
110

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) G. W. Whitely, M. D.

(Address) Albany 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.

AUG 26 1931

