

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

Do not use this space.

25698

1. PLACE OF DEATH
 County Monroe Registration District No. 581 File No. _____
 Township Monroe Primary Registration District No. 4343 Registered No. 19
 City Monroe City (No. _____) St. _____ Ward _____

2. FULL NAME Matilda Christina Mc Allister
 (a) Residence, No. 523 Cleveland St. Second Ward. _____
 (Usual place of abode) _____ (If nonresident, give city or town and State) _____
 Length of residence in city or town where death occurred 2 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 Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF B.H. Mc Allister (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 30 1864
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 7 17
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

OCCUPATION

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania
 13. NAME John Smith
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Christina Lintener
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT B.H. Mc Allister (ADDRESS) Monroe City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Holy Rosary Cemetery DATE July 19 1931
 19. UNDERTAKER Wilson & Son (ADDRESS) Monroe City Mo.
 20. FILED 7/18 1931 O.W. Wilson Registrar.
Deputy,

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 1931
 22. I HEREBY CERTIFY That I attended the deceased from June 30 1931 to July 17 1931
 I have seen her alive on July 17 1931 Death is said to have occurred on the date stated above, at 10:25 a.m.
 The principal cause of death and related causes of importance were as follows:

Paralysis of
breast
50
 Date of onset 1926
 Other contributory causes of importance: None

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? NO
 If so, specify _____
 (Signed) John A. Maltby M. D.
 (Address) Monroe City Mo.

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 28 1931

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