

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.

SEP 25 1931

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Missouri
 Township Madison
 City Portageville (No. _____)

Registration District No. 114Primary Registration District No. 5869

28998

File No. 21

Registered No. _____

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
 6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-9-1930
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
1 28

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
 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) Portageville, Mo13. NAME Don't Know14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know15. MAIDEN NAME Lavada Alexander16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portageville, Mo17. INFORMANT Henry Alexander

18. BURIAL, CREMATION, OR REMOVAL

PLACE Portageville DATE 8-9-3119. UNDERTAKER (ADDRESS) R. M. Payne20. FILED 8/28/31 C. C. Cook Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-7-193122. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1931, to Aug 3, 1931.I last saw her alive on Aug 3, 1931. Death is saidto have occurred on the date stated above, at 2 P m.

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

acutemidrigation

Date of onset

1180

Other contributory causes of importance:

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) N. H. Hilley, M. D.(Address) Portageville, Mo

