

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

Do not use this space.

1. PLACE OF DEATH

County Boone Registration District No. 73
 Township Columbia Primary Registration District No. 5112
 City Columbia (No. _____) St. _____ Ward _____

File No. 20535
 Registered No. 196

2. FULL NAME Alberta Cecile Singleton

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles Singleton</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 13, 1895</u>		
7. AGE YEARS <u>36</u>	MONTHS <u>5</u>	DAYS <u>3</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Hallsville
 (STATE OR COUNTRY) Mo.

PARENTS	10. NAME OF FATHER <u>C. B. Requa</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Hallsville, Mo.</u>
	12. MAIDEN NAME OF MOTHER <u>Elna Wickenson</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Hallsville, Mo.</u>

14. INFORMANT Thomas P. Singleton
 (Address) Columbia, Mo.

15. FILED 9/18/31 F. C. Suggett
 REGISTRAR
by Selby

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 16, 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan-17, 1931 to Sept-16, 1931 that I last saw h.a. alive on Sept 14, 1931 and that death occurred, on the date stated above, at 11:40 P.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Pul. Tuberculosis
23A

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 23
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) James Suggett M. D.
9/18/31 (Address) Columbia

*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 <u>Mount Zion</u>	DATE OF BURIAL <u>Sept. 18, 1931</u>
20. UNDERTAKER <u>R. O. Willett</u>	ADDRESS <u>Columbia, Mo.</u>

OCT 22 1931

