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.

OCT 22 193

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

Do not use this space.

30808

1. PLACE OF DEATH
County Clay — Registration District No. 198 — File No.
Township Fishing river — Primary Registration District No. 3811 — Registered No. 114
City Excelsior Springs (No. ..... Ward)

2. FULL NAME Alice Wrumfred Rackliff
(a) Residence, No. Ex Sanitarium St. ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 25 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) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edwin Rackliff
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5 1852
7. AGE YEARS 79 MONTHS 0 DAYS 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 186A
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 194B
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 82A

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charlton Co Mo

FATHER
13. NAME John H. Tredway
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Lizzie M. Sears
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs. Clarence Cooper Excelsior Springs, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City DATE Sept 7 1931
19. UNDERTAKER (ADDRESS) Herbert Hope Excelsior Springs Mo
20. FILED Sept 6 1931 Y. D. Crouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9 5 1931

22. I HEREBY CERTIFY, That I attended deceased from ~~Jan. 1st~~ 9-4 1931, to Sept. 5th. 1931
That saw her alive on Sept. 5th. 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:

	Date of onset
Comminuated fracture of left femur (upper third) with probable paralysis due to cerebral hemorrhage as a result of fall on walk at home	9/4/31

Other contributory causes of importance: Accidental
High blood pressure (220 to 300 (systolic) for many years left leg and other parts partially paralysed
Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 9/4 1931
Where did injury occur? at her home Clay County Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at home
Manner of injury tripped and fell on walk
Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify S. D. Henry M. D.
(Signed) No [signature] M. D.
(Address) Excelsior Springs Mo.