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.

NOV 23 1930

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

Do not use this space.

33734

1. PLACE OF DEATH

County Butler — Registration District No. 89 — File No.

Township Poplar Bluff — Primary Registration District No. 3007 — Registered No. 206.

City Poplar Bluff (No. , St. Ward)

2. FULL NAME Wanda Mae Alread

(a) Residence, No. Neelyville, Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 5 mos. 14 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): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 26, 1926

7. AGE — YEARS: 5 — MONTHS: 5 — DAYS: 14 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
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): Neelyville Missouri

FATHER

13. NAME: H. C. Alread
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Neelyville Missouri

MOTHER

15. MAIDEN NAME: Edith Ragsdale
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Harviell Missouri

17. INFORMANT (ADDRESS): Edith Alread Neelyville, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Woodlawn Cemetery DATE: Oct. 11, 1931

19. UNDERTAKER (ADDRESS): Greer Undertaking Co. Poplar Bluff, Mo.

20. FILED: Oct 12, 1931 — B J Cline, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1931, to Oct 10, 1931

I last saw him alive on Oct 10, 1931. Death is said to have occurred on the date stated above, at 3 P m.

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

Membranous Croup — Date of onset

10

Other contributory causes of importance:

10

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) T M Henderson, M. D.

(Address) Poplar Bluff Mo