

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

Do not use this space.

20242

1. PLACE OF DEATH

72 County New Madrid Registration District No. 55
 Township Anderson Primary Registration District No. 4033
 City _____ No. 6262 St. _____ Ward _____

File No. _____
 Registered No. 972
 _____ St. _____ Ward _____

2. FULL NAME Alene Pavy

(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>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 28 1931</u>		
7. AGE	YEARS	MONTHS
	<u>7</u>	<u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant</u>		
10. Date deceased last worked at this occupation (month and year) <u>Infant</u>		
11. Total time (years) spent in this occupation <u>Infant</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Madrid Mo</u>		
13. NAME <u>Shirley Pavy</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Remick Co Mo</u>		
15. MAIDEN NAME <u>Velma Liley</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boling Co Mo</u>		
17. INFORMANT (ADDRESS) <u>Walter Pavy</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Stanfield Co</u> DATE <u>6/22 1932</u>		
19. UNDERTAKER (ADDRESS) <u>R. B. Meulenmeier</u>		
20. FILED <u>July 10 1932</u> <u>M. V. Murrin</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26 1932

22. I HEREBY CERTIFY That I attended deceased from June 7th 1932 to June 21st 1932
 last saw her alive on June 21st 1932 Death is said to have occurred on the date stated above, at 8:50 a.m.
 The principal cause of death and related causes of importance were as follows:
whooping cough Date of onset May 26
Colitis
Broncho Pneumonia June 16
 Name of operation _____ Date of _____
 What test confirmed diagnosis: clinical Was there an autopsy? no

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) S. E. Mitchell, M. D.
 (Address) Malden Mo

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.

AUG 25 1932

