

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

Do not use this space.

*Copied on
Victory*
23613

File No.
Registered No. 110
St. Ward)

1. PLACE OF DEATH

78 County Peru
Township Peru
City Stale (No.)

Registration District No. 651
Primary Registration District No. 5863

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. mos. ds.
How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert Alfred
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-11-1915
7. AGE 16 YEARS 8 MONTHS 9 DAYS If LESS than 1 day, ... hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) Home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Comdass
(STATE OR COUNTRY) Benton Co Tenn

10. NAME OF FATHER Clarence Woods
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Comdass
(STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER Mona Allen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Comdass
(STATE OR COUNTRY) Tenn

14. INFORMANT Clarence Woods
(Address) Coates rd

15. FILED Aug 10 1932 Ada Martin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-20 1932
17. I HEREBY CERTIFY, That I attended deceased from 7-18 1932 to 7-20 1932 that I last saw him alive on 7-20 1932 and that death occurred, on the date stated above, at 8:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1 Typhoid fever
1050 (duration) yrs. mos. 6 ds.
CONTRIBUTORY (SECONDARY) Hemorrhage
(duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED X ①
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? no DATE OF X
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Widal
(Signed) F. E. Crope, M. D.
8-4-1932 (Address) Coates, Mo.

*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 St. Zion Cemetery DATE OF BURIAL July 31 1932
20. UNDERTAKER Gerrman Land Co. ADDRESS Stale, Mo.

MARGIN RESERVED FOR BINDING

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

V. S. No. 2.

