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.

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

Do not use this space.

23644

1. PLACE OF DEATH

County: Perry — Registration District No.: 660 — File No.: 44

Township: ~~Salem~~ Central — Primary Registration District No.: 5878 — Registered No.:

City: ..... (No. ..... St. ..... Ward)

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2. FULL NAME: Alma Beatrice House

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

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 22-1932

7. AGE — YEARS: — MONTHS: 5 — DAYS: 27. — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant.
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): Perry County - Mo

FATHER

13. NAME: Alvin House
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Francois Co, Mo

MOTHER

15. MAIDEN NAME: Jessie Bass
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Perry County, Mo

17. INFORMANT (ADDRESS): Alvin House, Menfro, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Crosstown Cem. DATE: 7/20, 1932

19. UNDERTAKER (ADDRESS): Zoellner & Young, Perryville Mo.

20. FILED: 7/20, 1932 Geo. J. Meeker, Registrar.
for Meeker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 19th, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 16th, 1932, to July 19th, 1932

I last saw her alive on July 16th, 1932. Death is said to have occurred on the date stated above, at 8:10 P m.

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

Meningitis, — Date of onset

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Other contributory causes of importance: Teething

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) M. H. Barks, M. D.

(Address) Perryville Mo