MAR 24 1933

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

Do not use this space.

1. PLACE OF DEATH 9
County Bollinger — Registration District No. 67 — File No. 34741-A
Township Liberty — Primary Registration District No. 5704 — Registered No. 9
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Octa F. Dovault

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William P. Dovault

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12 1894

7. AGE YEARS 38 MONTHS DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 235
10. Date deceased last worked at this occupation (month and year) Nov. 1932
11. Total time (years) spent in this occupation 22 yrs

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

FATHER
13. NAME John B. Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Miss Nancy Powell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Wm. P. Dovault Advance Rt 4

18. BURIAL, CREMATION, OR REMOVAL PLACE Dongola Cem. DATE 11-24, 1932

19. UNDERTAKER (ADDRESS) G. C. Nevins Advance Rt 4

20. FILED 2-18 1933 C. A. Sander Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 - 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1932, to Nov. 23, 1932
I last saw her alive on Nov. 22, 1932 Death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:

117A
129
Peritonitis
117A

Date of onset

Other contributory causes of importance:
Gastric ulcer

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? No
If so, specify .....
(Signed) A. T. Kirkpatrick, M. D.
(Address) Zalma 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.

V. S. No. 2