

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

Do not use this space.

4036

1. PLACE OF DEATH

County _____ Registration District No. 701
 Township _____ Primary Registration District No. 11003
 City St. Louis (No. 3449, Pine) St. _____ Ward _____

File No. _____
 Registered No. 1003

2. FULL NAME

Alice Dean
 (a) Residence, No. 2915 Lawton St., 21 Ward.
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Cold 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not known

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abn 45 - - -

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Domestic
 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) Ky

13. NAME John Hodge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT Garnette Minnion
 (ADDRESS) Paducah, Ky

18. BURIAL, CREMATION, OR REMOVAL PLACE Paducah, Ky DATE Jan. 28 1933

19. UNDERTAKER J. H. Harrison
 (ADDRESS) 2006 Carleton

20. FILED JAN 28 1933 Way C. Stanley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24, 1933

22. I HEREBY CERTIFY That I attended deceased from Jan 22, 1933 to Jan 24, 1933
 I last saw her alive on Jan 24, 1933 Death is said to have occurred on the date stated above, at 3:30 m. P.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Arteriosclerosis
 Other contributory causes of importance: _____
 Date of onset _____

Name of operation none 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?
 If so, specify _____
 (Signed) Dr. M. Vaughan, M. D.
 (Address) 117 N. Jefferson

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.

