

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.

## 1. PLACE OF DEATH

10 County BooneRegistration District No. 722. Township CentraliaPrimary Registration District No. 40413. City Centralia

St.

Ward)

2. FULL NAME Mary Alice Angel

(a) Residence, No.

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)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

James Angel

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

May 3rd 1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

72011

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House Wife

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)

Boone Co., Mo.

FATHER

13. NAME

James H. McBride

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

Boone Co., Mo.

MOTHER

15. MAIDEN NAME

Agnus Palmer

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

Boone Co., Mo.

17. INFORMANT (ADDRESS)

Robert E. Angel

18. BURIAL, CREMATION, OR REMOVAL

Centralia Mo. bur. May 16th 1933

19. UNDERTAKER (ADDRESS)

W. M. McDonald

20. FILED

57161933J. S. Jackson

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

May 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 6, 1933, to May 14, 1933I last saw him alive on May 14, 1933 Death is saidto have occurred on the date stated above, at 7:50 P. M.

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

Curculiosis of Lungs (atrophic) (Feb. 1)5412413

Other contributory causes of importance:

Failure of tissues

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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. S. Garrison

(Address)

Centralia, Mo.

