

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

Do not use this space.

**25336**

**1. PLACE OF DEATH**

10 **3** County Helvey  
**2** Township Clarence  
**3** City Clarence (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 827  
 Primary Registration District No. 4500

File No. \_\_\_\_\_  
 Registered No. 13

**2. FULL NAME**

Mrs Lavisia Adaline Overstreet

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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**

**MEDICAL CERTIFICATE OF DEATH**

**SEX** Female **4. COLOR OR RACE** W. **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Widowed  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF** James Overstreet  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Mar 6 - 1846  
**7. AGE** YEARS 87 MONTHS 4 DAYS 4 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** Housewife  
**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** \_\_\_\_\_

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** July 10 1933  
**22. I HEREBY CERTIFY** that I attended deceased from July 1928, to July 10 1933  
 I last saw him alive on July 10 1933 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Arteriosclerosis  
senile dementia  
acute exaeriation  
 Other contributory causes of importance: \_\_\_\_\_  
 Date of onset Jan 1928  
July 1 1933

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Mercer Co Ky.  
**13. NAME** Robt Cole  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Unknown  
**15. MAIDEN NAME** Mary Gittou  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Unknown  
**17. INFORMANT** Charles Overstreet  
 (ADDRESS) Clarence Mo  
**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE New Mt Baptist Ch DATE 7/12 33  
**19. UNDERTAKER** Wadittou Med. Co  
 (ADDRESS) Clarence, Mo  
**20. FILED** 7-11 1933 Roy Hamilton  
 Registrar.

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) D J Sullivan M. D.  
 (Address) Clarence Mo

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.

26-15

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