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

Do not use this space.

32001

1. PLACE OF DEATH
County [illegible] Registration District No. 875
Township [illegible] Primary Registration District No. 6162
City ..... (No. ....., ... St. ..... Ward)

File No. .....
Registered No. 148

2. FULL NAME Alice Lines
(a) Residence, No. State Hospital #3 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17, 1860
7. AGE YEARS 72 MONTHS 10 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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 .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

FATHER
13. NAME Francis Cooper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Mary Black
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) State Hospital #3 Nevada, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE R. C. Mex. DATE Sept 25, 1933
19. UNDERTAKER (ADDRESS) [illegible] Nevada Mo.
20. FILED 9-27 1933 E. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22, 1933
22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1928, to Sept 22, 1933
I last saw her alive on Sept 22, 1933. Death is said to have occurred on the date stated above, at 11:50 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cl. myocarditis	?
9	
9	
9	

Other contributory causes of importance:

Arteriosclerosis	?

Name of operation ..... 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? no
If so, specify .....
(Signed) K. Sugetoff, M. D.
(Address) State Hospital #3