

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.

34182

1. PLACE OF DEATH

County Waco Registration District No. 744  
Township Richmond Primary Registration District No. 3035  
City Payville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 75

2. FULL NAME

Mrs Kathryn Alder  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) Payville Missouri (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 Lawson Alder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12-1858  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 1 27

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) Virginia

13. NAME D. F. Fagan

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

15. MAIDEN NAME Donita Know

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

17. INFORMANT (ADDRESS) Mrs J. S. Hatcher Pettus  
Payville Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Crowley Cemetery DATE October 12, 1933

19. UNDERTAKER (ADDRESS) J. W. Mansur  
Payville Missouri

20. FILED 12-7, 1933 Elmer E. Day  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9, 1933  
22. I HEREBY CERTIFY, That I attended deceased from 10-9, 1933, to 10-9, 1933  
I last saw her alive on 10-9, 1933. Death is said to have occurred on the date stated above, at 1 P. m.  
The principal cause of death and related causes of importance were as follows:

apoplexy  
hypertension  
Other contributory causes of importance: \_\_\_\_\_  
Date of onset 10-9-33

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Sty. Ex. 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) Thos F. Cook, M. D.  
(Address) Richmond Mo

