

25 1934
 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.

Bedford

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

Do not use this space.

8320

1. PLACE OF DEATH

County Cole Registration District No. 213
 Township _____ Primary Registration District No. 3014
 City Jefferson (No. _____) St. _____ Ward _____

File No. 99
 Registered No. _____

2. FULL NAME

(a) Residence, No. Irma's Way St. _____ Ward. Alexon
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 20 - 1916</u>		
7. AGE	YEARS <u>7</u>	MONTHS <u>11</u>
	DAYS <u>6</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School girl</u>	11. Total time (years) spent in this occupation _____
	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) _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alexon Mo</u>		
FATHER	13. NAME <u>Victor Street</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Lucretia Mc Minn</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT <u>Mrs V B Bealware</u> (ADDRESS) <u>Alexon Mo</u>		
18. BURIAL (CREMATION, OR REMOVAL) PLACE <u>Alexon Mo</u> DATE <u>Mar 18 34</u>		
19. UNDERTAKER <u>Lawrence Tanner</u> (ADDRESS) <u>Mo</u>		
20. FILED <u>3-29 1934</u> <u>Bedford</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 26 34
 22. I HEREBY CERTIFY, That I attended deceased from Mar 25 1934 to Mar 26 1934
 I last saw her alive on Mar 26 1934 Death is said to have occurred on the date stated above, at 4:30 p.m.
 The principal cause of death and related causes of importance were as follows:

General peritonitis
121A
121B
129
121A
 Other contributory causes of importance:
Ruptured appendix

Date of onset

Name of operation Appendectomy Date of 3-28-34
 What test confirmed diagnosis? _____ 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) Jeffrey, M. D.
 (Address) Jeff City Mo

