

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

Do not use this space.

26046

1. PLACE OF DEATH

County Randolph

Registration District No. 735

Township Moberly

Primary Registration District No. 3034

City Moberly (No.)

St. Ward)

2. FULL NAME

Cordelia Margaret Alpers

(a) Residence, No.

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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(or) WIFE OF

Lease Alpers

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

Dec 20 1863

7. AGE

YEARS

MONTHS

DAYS

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

68

6

26

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)

Boone Co Mo.

13. NAME

Enock Gallop

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

Kentucky

15. MAIDEN NAME

Sally Ann Gleason

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

17. INFORMANT (ADDRESS)

Mrs. Henie Graves

18. BURIAL, CREMATION, OR REMOVAL

PLACE Union Am. DATE July 18, 1934

19. UNDERTAKER (ADDRESS)

Barnes & Booth
Surgeon, Mo.

20. FILED

7-18, 1934 E. N. Gentry
Registrar

MEDICAL CERTIFICATE OF DEATH

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

July 16, 1934

22. I HEREBY CERTIFY That I attended deceased from

July 15, 1934 to July 16, 1934

Last saw her alive on July 16, 1934. Death is said

to have occurred on the date stated above, at 7:55 P.M.

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

Date of onset

7/11-34

Peritonitis

129a1

Other contributory causes of importance:

Strangulated umbilical hernia causing complete obstruction of bowel

Name of operation Herniotomy

Date of 7/15-34

What test confirmed diagnosis? Physical 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

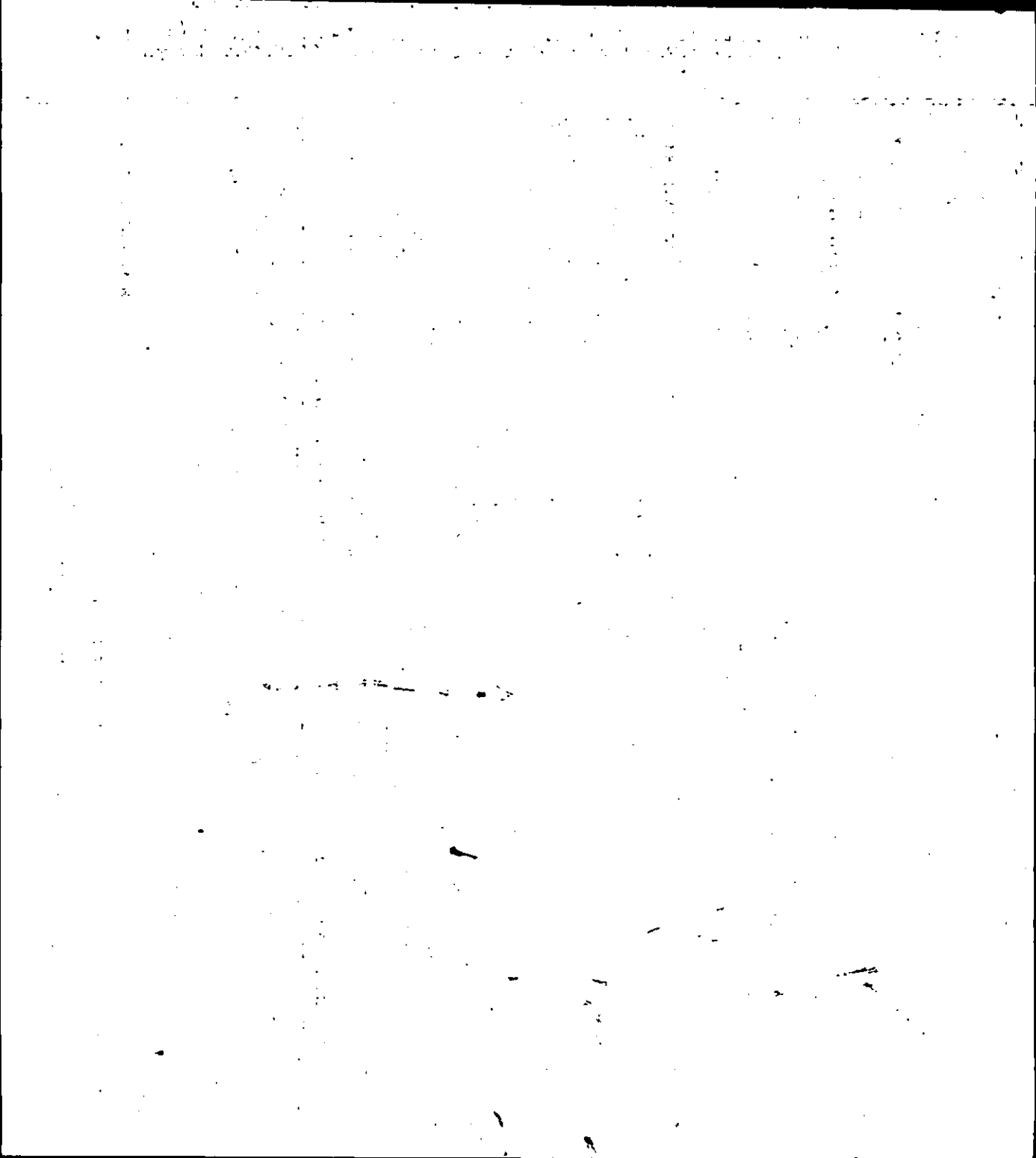
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) D. L. McCormick, M. D.

(Address) Moberly Mo.



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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Randolph
Township Moberly
City Moberly (No. 3034)

Registration District No. 735
Primary Registration District No. 3034

File No. 23
Registered No. 178
St. Ward.

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Isaac Alsopach</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 20 - 1865</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>6</u>	DAYS <u>26</u>
If LESS than 1 day, ... hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
	10. Date deceased last worked at this occupation (month and year) <u> </u>
	11. Total time (years) spent in this occupation <u> </u>

12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) <u>Boone Co. Mo.</u>
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13. NAME <u>Ernest Gallup</u>

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) <u>Monticello Mo.</u>

15. MAIDEN NAME <u>Elly Ann Gibson</u>
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16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) <u> </u>

17. INFORMANT (ADDRESS) <u>Mrs. George D. Jones</u>

18. BURIAL, CREMATION, OR REMOVAL <u>Union Cem</u>
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19. UNDERTAKER (ADDRESS) <u>J. Barnes & Co. Moberly Mo.</u>

20. FILED <u>9/20 1934</u> <u>Virginia Walker</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 1934

I HEREBY CERTIFY, That I attended deceased from July 15 1934 to July 16 1934
I last saw him alive on July 16 1934 Death is said to have occurred on the date stated above, at 7:55 P.M.
The principal cause of death and related causes of importance were as follows:

Peritonitis
Unrelieved umbilical hernia causing
complete obstruction of bowel
Other contributory causes of importance:

Name of operation Herniotomy Date of 7/15/34
What test confirmed diagnosis? Physician 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) J. L. McCasneek M. D.
(Address) Moberly Mo.

S-26046