

FEB 22 1935

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

Do not use this space.

1. PLACE OF DEATH

County DeSoto
Township Watkins
City (No. _____) _____

Registration District No. 266
Primary Registration District No. 5-378

File No. 752
Registered No. 566
St. _____ Ward _____

2. FULL NAME

Essie Alley Pace

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 30 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 7 - 1904</u>		
7. AGE YEARS <u>30</u>	MONTHS <u>4</u>	DAYS <u>19</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>House Keeper</u>		
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) <u>DeSoto Co Mo.</u>		
13. NAME <u>Benjamin Bowman</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>DeSoto Co Mo.</u>		
15. MAIDEN NAME <u>Cordelia Alley</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>DeSoto Co Mo.</u>		
17. INFORMANT (ADDRESS) <u>Mrs Jack Motzinger</u> <u>Salem Mo</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Woodlawn Cem</u> DATE <u>1/27 1935</u>		
19. UNDERTAKER (ADDRESS) <u>H. W. Hobbs</u> <u>Salem Mo</u>		
20. FILED <u>4 3 1935</u> <u>W. E. Ruddle, Jr.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 1935

22. I HEREBY CERTIFY that I attended deceased from Nov 16 1934 to Jan 25 1935
I last saw ED alive on Jan 24 1935. 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:
Cerebral Lobar RFL Date of onset Jan 20 1935

Other contributory causes of importance:
Chronic Bronchitis 1934

Name of operation none Date of _____
What test confirmed diagnosis? None Autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? none
If so, specify _____
(Signed) O. G. Dillow, M. D.
(Address) Salem 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.

