

OCT 25 1935

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

Do not use this space.

30095

1. PLACE OF DEATH

County Monroe Registration District No. 547 File No. _____
Township Monroe Primary Registration District No. 3029 Registered No. 214
City Hannibal (No. St. Elizabeth Hospital) St. _____ Ward _____

2. FULL NAME Alice Souers

(a) Residence, No. 2701 St. Mary Ave. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Souers</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 9th, 1868</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>4</u>
	DAYS <u>5</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>Retired</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>Missouri</u>		
FATHER	13. NAME <u>George Oster</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Coats</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Mr. Frank Souers</u> (ADDRESS) <u>2701 St. Mary Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Robert Am.</u> DATE <u>9/16/35</u> 19 <u>35</u>		
19. UNDERTAKER <u>James O'Connell</u> (ADDRESS) <u>Hannibal, Mo.</u>		
20. FILED <u>Sept. 17, 1935</u> <u>R. St. Elizabeth</u> <u>Hannibal, Mo.</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1935 to Sept 15, 1935
I last saw her alive on Sept 13, 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:
myocarditis Date of onset _____

Other contributory causes of importance:
Diabetic mellitus
Intestinal Obstruction
due to adhesions

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) [Signature] M. D.
(Address) [Address]

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.

