

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

Do not use this space.

NOV 19 1935

32040

1. PLACE OF DEATH

County Callaway Registration District No. 104  
Township Fulton Primary Registration District No. 3008  
City Fulton (No.     ) St.      Ward     

File No.       
Registered No. 216

2. FULL NAME

Alice Ann Hershey  
(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 X 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John A. Hershey  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28, 1857  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 78 | 3 | 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home  
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) Missouri

FATHER 13. NAME Andrew Galley

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

MOTHER 15. MAIDEN NAME Elizabeth Fisher

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

17. INFORMANT (ADDRESS) Frank Hershey  
Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hillcrest Cem. DATE Oct. 11, 1935

19. UNDERTAKER (ADDRESS) Geo. J. Healy  
Fulton, Mo.

20. FILED Oct. 11, 1935 A. W. Crew  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/9/35, 19       
22. I HEREBY CERTIFY, That I attended deceased from July 1935, 19     , to present, 19     .  
I last saw her alive on 10/9/35, 19     . Death is said to have occurred on the date stated above, at 1:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Fracture femur, followed by starvation, disintegration and general toxemia. fracture caused by accidental fall June 9th, 1935  
Date of onset     

Other contributory causes of importance: Senility, chronic cystitis. 10

Name of operation      Date of       
What test confirmed diagnosis? P. E. Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury June 9, 1935  
Where did injury occur? Her home, fell on floor  
(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 Fracture femur.

24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify       
(Signed) Greene D. Call M. D.  
(Address) Fulton 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.

