

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.

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

Do not use this space.

DEC 12 1935

36613

1. PLACE OF DEATH

County Linn
Township Jefferson
City Bohannon (No. _____)

Registration District No. 500
Primary Registration District No. 5665

File No. _____
Registered No. 13
St. _____ Ward _____

2. FULL NAME

Alice E. Fay

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. H. Fay deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 2 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 7 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Jan 1, 1935 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salisbury Mo

13. NAME Amos Smalley

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

15. MAIDEN NAME Dora Knowlton

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

17. INFORMANT Fred Mansfield (ADDRESS) mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE Nov 29 35

19. UNDERTAKER Wm. R. Robbins (ADDRESS) Bohannon Mo

20. FILED Nov 29 1935 Geo. O. Plummer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 1935, to Nov 27, 1935

I last saw her alive on Nov 27, 1935. Death is said to have occurred on the date stated above, at 2 A. m.

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

Multiple Myeloma eyes.

Date of onset near
long
kept her
them
for 10
 yrs

Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis? X-ray 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) J. J. Hardy, M. D.
(Address) Sumner Mo

