

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.

JAN 23 1936

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

Do not use this space.

38441

1. PLACE OF DEATH

County Adair
Township _____
City Kirksville (No. _____)

Registration District No. 4
Primary Registration District No. 3001

File No. _____
Registered No. 230
St. _____ Ward _____

2. FULL NAME Rose Bell Halbert Acton

(a) Residence, No. 209 East Randolph St., 3 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 William Acton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-31-1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
60 8 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Missouri13. NAME B. P. Talbert14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Lura Oliver16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa17. INFORMANT B. M. Talbert
(ADDRESS) Greendrop Mission18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Home West Street DATE 12-15, 193519. UNDERTAKER Dee Riley
(ADDRESS) Kirksville, Mo.20. FILED Dec 14, 1935 Spencer Neenan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 13th Dec. 193522. I HEREBY CERTIFY, That I attended deceased from 10:10 AM Dec 13, 1935, to 12:15 PM Dec 13, 1935I last saw her alive on Dec. 13, 1935. Death is saidto have occurred on the date stated above, at 12:15 P.M.

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

"Flu" Pneumonia
(Bronchial pneumonia)
Date of onset _____

Other contributory causes of importance None

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no23. 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) A. D. McChase D.O.
(Address) Kirksville, Mo.

