

OCT 1 1936

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

Do not use this space.

33413

1. PLACE OF DEATH

County Shannon
Township Liberty
City Harris

Registration District No. 853
Primary Registration District No. 6117

File No. _____
Registered No. 13

2. FULL NAME

Mr Alice D. Persell

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emanuel J Persell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 28 1864

7. AGE YEARS 72 MONTHS 3 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

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

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

13. NAME Isaac Statterman

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

15. MAIDEN NAME Judy A. Batson

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

17. INFORMANT Mr C. V. Rowan
(ADDRESS) Harris Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE halfrock DATE Aug 18 1936

19. UNDERTAKER Arkway & Sons
(ADDRESS) Galt Mo.

20. FILED Aug 18 1936 Paul Henderson Tucker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16 1936

22. I HEREBY CERTIFY, That I attended deceased from March 23 to Aug 14 1936

I first saw her alive on Aug 14 1936 Death is said to have occurred on the date stated above, at 8:40 P. M.

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Arterio-sclerosis

Date of onset

Other contributory causes of importance:
Fracture of right hip
Decub. & Septic - 33

Name of operation _____ Date of _____
What test confirmed diagnosis? physical exam 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) [Signature]

(Address) Harris Mo

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.

