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.

20M-2-19-36 1 X7294

OCT 21 1936

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

Do not use this space.

36488

1. PLACE OF DEATH
County Vernon — Registration District No. 880 — File No.
Township — Primary Registration District No. ~~6166~~ 4533 — Registered No. 20
City Walker (No. St. Ward)

2. FULL NAME Alice Preston
(a) Residence, No. Walker, Mo. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fm
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 Wm Preston
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4-1858
7. AGE YEARS 78 MONTHS 3 DAYS 8 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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) Davis Co. Missouri

FATHER
13. NAME Henry Deering
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greensburg Kentucky

MOTHER
15. MAIDEN NAME Margaret Hanna
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) H. E. Deering Walker, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Deepwood DATE Sept 15, 1936

19. UNDERTAKER (ADDRESS) Ferry Funeral Home Nevada, Mo.

20. FILED 9/13 1936 C. B. Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1936 to Sept 12, 1936
I last saw her alive on Sept 5, 1936. Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Chronic)	Several Years Ago.

Other contributory causes of importance: None

Name of operation None 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) J. W. Love, M. D.
(Address) Nevada, Mo.