

DEC 4 1936

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

Do not use this space.

38744

1. PLACE OF DEATH

County Ralls
Township Salt River
City (No. _____) _____

Registration District No. 727
Primary Registration District No. 5-957

File No. 23
Registered No. _____

2. FULL NAME

Alice Vera Utterback

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

Length of residence in city or town where death occurred 14 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

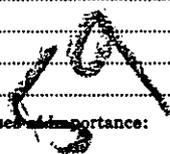
3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William S. Utterback</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 29 1888</u>				
7. AGE YEARS <u>48</u>	MONTHS <u>1</u>	DAYS <u>14</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home Wife</u>			
	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) <u>Monroe Co. Mo</u>				
FATHER	13. NAME <u>Joseph Adams</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monroe Co. Mo</u>			
MOTHER	15. MAIDEN NAME <u>Eugenia Burnett</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
17. INFORMANT <u>W. S. Utterback</u> (ADDRESS) <u>Perry Mo. R. F. 3</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Green Lawn cemetery</u> <u>Ralls Co. Mo</u> DATE <u>10. 17</u> 19 <u>36</u>				
19. UNDERTAKER <u>Wilson & Son</u> (ADDRESS) <u>Monroe City Mo</u>				
20. FILED <u>Oct 16 1936</u> <u>Geo. R. Ralls</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1936, to Oct 15, 1936
I last saw her alive on Oct 15, 1936. Death is said to have occurred on the date stated above, at 4:50 A.M.
The principal cause of death and related causes of importance were as follows:
Diabetes mellitus

Date of onset _____

Other contributory causes of importance: 

Name of operation _____ Date of _____
What test confirmed diagnosis? Chemical 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) John R. Perry, M. D.
(Address) Perry Mo. 0

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.

