JAN 19 1937

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

Do not use this space.

44458

1. PLACE OF DEATH
County GREENE — Registration District No. 318
Township — Primary Registration District No. 2001
City SPRINGFIELD (No. ..... St. ..... Ward)

File No. 1091
Registered No.

2. FULL NAME Alice Cleveland Dell
(a) Residence, No. Thayer Mo St., Ward. Thayer Mo
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Raymond H Dell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1893

7. AGE — Years: 43 — Months: 6 — Days: 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) Near Thayer Mo

FATHER
13. NAME James Lovelace
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Nettie Turpin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo

17. INFORMANT (ADDRESS) Raymond H Dell Thayer Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Thayer Mo DATE Dec 30 1936

19. UNDERTAKER (ADDRESS) Leo Barr Thayer Mo

20. FILED Dec 30, 1936 Chas A George MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1936, to Dec 28, 1936
I last saw h. alive on Dec 30, 1936. Death is said to have occurred on the date stated above, at 5:20 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Eclampsia	
Post Natal	

Other contributory causes of importance:

Nephritis acute	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) C Burton Mayes, M. D.
(Address) Springfield 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.