

MAR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Butler
Township Rosecoussin
City (No.)

Registration District No. 88
Primary Registration District No. 6268

File No. 5201
Registered No. 16
St. Ward

2. FULL NAME

Goldie Allread

(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) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Allread
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10, 1878
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 58 7 19

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) 1937 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown - I believe

MOTHER FATHER
13. NAME L. A. Hinman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evansville Indiana
15. MAIDEN NAME Ester E. Hinman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evansville Indiana

17. INFORMANT Ma Henry Allread
(ADDRESS) nearby Ma

18. BURIAL, CREMATION, OR REMOVAL PLACE Coon Island DATE Feb 21 1937

19. UNDERTAKER Minnie Rich
(ADDRESS) Naylor Ma

20. FILED 2-20-1937 L Turner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1937 to Feb 19 1937

I last saw him alive on Feb 18 1937 Death is said to have occurred on the date stated above, at 2:15 p.m.

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

Labor pneumonia Date of onset 2/9/37

Other contributory causes of importance
Name of operation none Date of
What test confirmed diagnosis? usual 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) H E White M. D.
(Address) Naylor Ma

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.

