

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.

APR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cole
Township Barre
City Barre (No. 1)

Registration District No. 213
Primary Registration District No. 5296B

File No. 11672
Registered No. 115

2. FULL NAME

Alice Prussdale

(a) Residence, No. 1 St. 1 Ward. 1

Length of residence in city or town where death occurred yrs. 1 mos. 0 ds. How long in U. S., if of foreign birth? yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11 - 1931

7. AGE YEARS 6 MONTHS 0 DAYS 5 If LESS than 1 day, hrs. 0 or min. 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. on same

10. Date deceased last worked at this occupation (month and year) May 11 - 1931 11. Total time (years) spent in this occupation 11

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

13. NAME Edu. Prussdale

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk Ia

15. MAIDEN NAME Gollie Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Steubenville Oh

17. INFORMANT Ed Prussdale (ADDRESS) Barre Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Barre City DATE 3/17/1937

19. UNDERTAKER Hawson Funeral (ADDRESS) Barre City Mo

20. FILED 3/17/1937 Jefferson Mo Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 16 1937

22. I HEREBY CERTIFY That I attended deceased from Feb 2, 1937, to Mar 16, 1937. I last saw her alive on Mar 16, 1937. Death is said to have occurred on the date stated above, at 59 m.

The principal cause of death and related causes of importance were as follows: Encephalitis Lethargica Date of onset

Other contributory causes of importance: 11

Name of operation Salvatory Op Date of Mar 16 1937
What test confirmed diagnosis? None Was there autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 1937. Where did injury occur? None (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) Ed Prussdale M. D.
(Address) Jefferson City Mo

