

SEP 17 1937

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

Do not use this space.

1. PLACE OF DEATH

41 County Harrison Registration District No. 338
Township Sugar Creek Primary Registration District No. 5474
City _____ (No. _____ St. _____ Ward _____)

File No. 30782

Registered No. _____

2. FULL NAME Alice May Twist

(a) Residence, No. _____ St. _____ Ward _____
(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 13 - 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
35 29 6 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. deh.
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) May 1, 1937 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OKLA13. NAME Grace Twist14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OKLA15. MAIDEN NAME Sarah Addington16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas17. INFORMANT Max Grace Twist
(ADDRESS) Wabbeport Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Mitchel Cemetary DATE May 16, 193719. UNDERTAKER W.D. Haines
(ADDRESS) Silman City Mo.20. FILED 9/6 1937 Wabbeport
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 193722. I HEREBY CERTIFY, That I attended deceased from May 10, 1937 to May 15, 1937

I last saw him alive on May 15, 1937 Death is said to have occurred on the date stated above, at 5:45 p.m.

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

Pneumonia (Lobar) Date of onset May 10

Other contributory causes of importance:

nephritis

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) J. P. Walker Osteopath D.(Address) Silman City Missouri

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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