

NOV 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Greene
Township Stark
City Stark (No. _____)

Registration District No. 314
Primary Registration District No. 4190

File No. 37640
Registered No. 19 St. _____ Ward _____

2. FULL NAME Miss Mrs. Alice M. Charles

(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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21 - 1888
7. AGE YEARS 49 MONTHS 2 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Bellevue MO

13. NAME Lewis E. Orourke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene MO

15. MAIDEN NAME Effie Bridges

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay MO

17. INFORMANT (ADDRESS) Mr. R. E. Orourke Stark MO

18. BURIAL, CREMATION, OR REMOVAL

PLACE Stark MO DATE 10-20 1937

19. UNDERTAKER (ADDRESS) Sam'l H. Phillips Stark MO

20. FILED 10/18 1937 6895 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1936, to Oct 18, 1937
I last saw her alive on Oct 1, 1937. Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Hypertrophic Cirrhosis of Liver.
Other contributory causes of importance: 124B1

Name of operation none Date of _____
What test confirmed diagnosis? _____ 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) E. Simpson, M. D.
(Address) Stark MO

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. S. E. Simpson