

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

Do not use this space.

1. PLACE OF DEATH

County Madawaski
Township Boone
City Skidmore (No. _____)

Registration District No. 630
Primary Registration District No. 4380

File No. 3612
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Cynthia Belle McAllister 2 4 2

(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

MEDICAL CERTIFICATE OF DEATH

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 1st William McAllister 2nd Elias McAllister

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____hra. or _____min.
72 72 9 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper
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) Mayville Missouri

13. NAME Daniel Jean Ellsworth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York New York State

15. MAIDEN NAME Jane Stupp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____ England

17. INFORMANT Wilson Ellsworth (ADDRESS) Skidmore Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE White Cloud DATE Jan 29 1938

19. UNDERTAKER Campbell Funeral Home (ADDRESS) Mayville Mo

20. FILED Jan 29 1938 Dr. J. C. Manning Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1938

22. I HEREBY CERTIFY, that I attended deceased from Jan 20 1938 to Jan 27 1938

I last saw h. w. _____ alive on Jan 27 1938. Death is said to have occurred on the date stated above, at 5:50 P. M.

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

Cerebral Apoplexy

Date of onset

Other contributory causes of importance:

arterio-sclerosis

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. C. Manning, M. D.

(Address) Skidmore Mo

RECEIVED

APR 23 1938

STATISTICS
DEPARTMENT OF HEALTH