

REC'D MAR 23 1938

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

Do not use this space.

7862

1. PLACE OF DEATH

County Polk Registration District No. 702
Township Madison Primary Registration District No. 4423
City Fair Play (No. _____) St. _____ Ward _____

File No. 3

Registered No. 3

2. FULL NAME Viola Belle Ralston 423

(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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry R. Ralston

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1938, to Feb. 22, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15-1870

I last saw her alive on Feb. 22, 1938. Death is said to have occurred on the date stated above, at 4 5 m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 7 7

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

Lobar Pneumonia Date of onset _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) 2/1-38
11. Total time (years) spent in this occupation _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fair Play, Mo.

13. NAME Henry Ford

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Elisabeth Hillsman

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville, Tenn.

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Mrs. Minnie Griffin
(ADDRESS) Columbia, Mo.

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Fair Play, Mo. DATE Feb. 23, 1938

Nature of injury _____

19. UNDERTAKER Frank W. Barker
(ADDRESS) Fair Play, Mo.

24. Was disease or injury in any way related to occupation of deceased? _____

20. FILED 2-23 1938 L. R. Barker Registrar.

If so, specify _____ (Signed) _____, M. D.

Address _____

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.

