

REC'D MAY 17 1938

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

Do not use this space.

14035

1. PLACE OF DEATH
 County..... BUCHANAN 2 Registration District No. 85
 Township..... WASHINGTON Primary Registration District No. 1001
 City..... ST. JOSEPH, (No. MISSOURI, METHODIST HOSPITAL) St. Ward)

2. FULL NAME MRS. ALICE McLEOD 243
 (a) Residence, No. MARYSVILLE, KANSAS. 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. 2 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) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JOHN A. McLEOD SR.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 16, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 67 8 25

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

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

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

12. BIRTHPLACE (CITY OR TOWN) LOCUST GROVE, OHIO

13. NAME CHARLES SATTERFIELD, OHIO

14. BIRTHPLACE (CITY OR TOWN) LOCUST GROVE, OHIO

15. MAIDEN NAME CHRISTENA KISLING, OHIO

16. BIRTHPLACE (CITY OR TOWN) LOCUST GROVE, OHIO

17. INFORMANT JOHN McLEOD SR. (ADDRESS) MARYSVILLE, KANSAS. R. 3

18. BURIAL, CREMATION, OR REMOVAL PLACE MARYSVILLE, KANS DATE APRIL 13, 1938

19. UNDERTAKER FLEEMAN & SON, INC. St Joe Mo

20. FILED Apr 12 1938 H. G. Nestlebury Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL, 11, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1938, to April 11, 1938. I last saw her alive on April 10, 1938. Death is said to have occurred on the date stated above, at 6:55 A. M.

The principal cause of death and related causes of importance were as follows:
 Coronary atherosclerosis Date of onset ?
 Hb -

Other contributory causes of importance:
 distal atherosclerosis ?

Name of operation ✓ Date of _____
 What test confirmed diagnosis: Autopsy Was there an autopsy? Yes

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) H. K. Wallace M. D.
 (Address) 30 N. 5 St Joseph Mo.

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.

