

REC'D MAY 20 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

15000

1. PLACE OF DEATH

County JeffersonTownship JeffersonCity Festus

(No. _____)

Registration District No. 421Primary Registration District No. 4249

File No. _____

Registered No. 46

St. _____

Ward _____

2. FULL NAME Kathryn Elizibeth Alcott

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

Length of residence in city or town where death occurred 50 yrs. mos. ds.50 yrs.

mos.

ds.

How long in U. S., if of foreign birth? 50 yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

Richard Alcott6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 1st., 1859

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

7911.28

OCCUPATION

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.

10. Date deceased last worked at this occupation, (month and year) 1937

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St. Louis, County
(STATE OR COUNTRY) MissouriFATHER
MOTHER13. NAME Bernard Littel14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)15. MAIDEN NAME Regena Schmaltz16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)17. INFORMANT Mrs. E. C. DeClue
(ADDRESS) Festus Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Festus Mo DATE 5/2/38, 1919. UNDERTAKER Duester-Vinyard
(ADDRESS) Festus Mo.20. FILED May 2, 1938 J. E. Rutledge M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29., 193822. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1937, to April 29, 1938I last saw him alive on April 29, 1938. Death is said to have occurred on the date stated above, at 7:40 P.M.

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

generalized arteriosclerosis
cerebral embolism (?)

Date of onset

?
4-29-38

Other contributory causes of importance:

myocarditis
cholangitis2 yrs
6 mosName of operation none Date of _____What test confirmed diagnosis? clinical Was there an autopsy? no23. 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) John F. Rutledge, M. D.(Address) Crystal City Mo
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WRITE PLAINLY, WITH UNFADING INK. 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.

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