

DEC'D AUG 23 1938

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

24655

Do not use this space.

1. PLACE OF DEATH

(a) County Bates Registration District No. 186
 (b) Township Charlotte Primary Registration District No. 5078 Registered No. 3
 (c) City _____ (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (9 How long in U. S., if of foreign birth? yrs. mos. ds.)

2. PRINT FULL NAME

Mrs Alice Margaret McFadden 213
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John W McFadden Dec.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 23, 1861</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>10</u>	DAYS <u>12</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as 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) <u>Kentucky</u>		
FATHER	13. NAME <u>Robert Thomas Judy</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Uwen Co Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Ellen Little</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
17. INFORMANT <u>Mrs Olive Hedger</u> (ADDRESS) <u>Amoret Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wak Hill</u> DATE <u>July 9, 1938</u>		
19. FUNERAL DIRECTOR (NAME) <u>C. A. Lusk</u> (ADDRESS) <u>Butler Mo</u>		
20. FILED <u>July 8, 1938</u> <u>C. A. Lusk</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1938 to July 5, 1938
 I last saw her alive on July 5, 1938. Death is said to have occurred on the date stated above, at 3:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Paralysis
occlusion

Other contributory causes of importance: 9410

Name of operation _____ 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? _____
 If so, specify Cerebral Hemorrhage, M. D.
 (Signed) C. A. Lusk, Jr.
 (Address) Butler, Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Mary G. Newell

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Mary G. Newell

Licensed Embalmer No.

3111

P. O. Address

Butler Pa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.