REC'D AUG 25 1938

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

Do not use this space.

25787

1. PLACE OF DEATH
County Lawrence Registration District No. 470 File No.
Township North Mt Vernon Primary Registration District No. 5-633 Registered No. 79
City Mt Vernon, R.F.D. (No. St. Ward)

2. FULL NAME Alice Cornelia McFall 214
(a) Residence, No. Mt. Vernon R.F.D. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 90 yrs. 4 mos. 10 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND~~ OF (OR) WIFE OF Richard G. McFall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feby 29-1848

7. AGE: YEARS 90 MONTHS 4 DAYS 10 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6
10. Date deceased last worked at this occupation (month and year) x
11. Total time (years) spent in this occupation x

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt Vernon Mo

FATHER
13. NAME Pleasant M. Wear
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Tryphenia Tipton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) G. A. McFall Joplin Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Mt Vernon City Cem DATE July 11, 1938

19. UNDERTAKER (ADDRESS) George B Orr Mt Vernon Mo

20. FILED July 9, 1938 P. A. Holmes Registrar 421

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1938, to July 9, 1938
I last saw her alive on July 3, 1938. Death is said to have occurred on the date stated above, at 9:10 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic nephritis — Date of onset unknown

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Other contributory causes of importance:
Influenza — June 25 1938

Name of operation none Date of
What test confirmed diagnosis? Clinical 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? no
If so, specify
(Signed) P. A. Holmes, M. D.
(Address) Mt Vernon 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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