

SEP 16 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County SullivanTownship BerryCity GreentownRegistration District No. 849Primary Registration District No. 6114File No. 30194Registered No. 76

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-30, 193822. I HEREBY CERTIFY, That I attended deceased from
8-22, 1938, to 8-30, 1938I last saw h. ER alive on 8-30, 1938. Death is saidto have occurred on the date stated above, at 9 A. m.

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

Strangulation Date of onset _____

Other contributory causes of importance:

High Forceps Delivery
PROBABLE BIRTH INJURY
Should Not-OR Could Not Nurse.

Name of operation _____ Date of _____

What test confirmed diagnosis? Medical 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) J. E. Schur, M. D.(Address) Green City, Mo.

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.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)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19. UNDERTAKER
(ADDRESS)

20. FILED

Registrar

711

RECEIVED

District Health Officer No. 10

District File Number 10-38-72

Date Filed 9-14-38

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

30194

Do not use this space.

1. PLACE OF DEATH

(a) County Sullivan Registration District No. 849
 (b) Township Petty Corn Primary Registration District No. 6114 B
 (c) City..... (d) Street No.....
 (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. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Margorie Louise Alger
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-30, 19385A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-22-1938

19..... to, 19.....

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

I last saw h..... alive on, 19..... Death is said

to have occurred on the date stated above, at..... m.

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

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

Date of onset

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Other contributory causes of importance:

13. NAME

Name of operation..... Date of.....

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

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

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

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.

17. INFORMANT
(ADDRESS)

Manner of injury.....

Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL

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

If so, specify.....

19. FUNERAL DIRECTOR
(ADDRESS)(Signed) W. E. Schuer, M. D.(Address) Giles City, Mo20. FILED July 9 1938 Virginia Gibson
Local Registrar.

S-30194