

REC'D FEB 23 1939

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

2633

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
(b) Township Barthage Primary Registration District No. 3020 Registered No. 1
(c) City Barthage (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

242 Dora Alice McAllister
(a) Residence, No. 407 N. Main St.
(Usual place of abode, if no street address, write county or city) (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel McAllister

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 2 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Haskell County Missouri

FATHER 13. NAME Bouyer

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

MOTHER 15. MAIDEN NAME Mary Head

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

17. INFORMANT (ADDRESS) Samuel McAllister
407 N. Main - Barthage

18. BURIAL, CREMATION, OR REMOVAL PLACE West Cemetery DATE Jan. 4, 1939

19. FUNERAL DIRECTOR (ADDRESS) Knell Mortuary
Barthage, Mo.

20. FILED Jan. 4, 1939 E. J. McEntire, M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12/4, 1938, to 1/2, 1939

I last saw her alive on 1/2, 1939. Death is said to have occurred on the date stated above, at 9:15 A.M.

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

Coronary Thrombosis
95%
Date of onset 12/2/14

Other contributory causes of importance:
Hypertensive Heart Disease
Generalized Atherosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? none 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) W. J. McNew, M. D.

(Address) 323 So. Main, Gillig, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-376

Date Filed FEB 17 1939

STATEMENT BY LICENSED EMBALMER

I, Emma R. Knell, Licensed Embalmer No. 391

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Emma R. Knell

Licensed Embalmer No. 391

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.)