

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

10043  
Do not use this space.

APR 10 1939

**1. PLACE OF DEATH**

(a) County Boone Registration District No. 73  
 (b) Township Columbia Primary Registration District No. 5112  
 (c) City \_\_\_\_\_ or \_\_\_\_\_ (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. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Alice May Sublett

(a) Residence, No. Boone County 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 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 Mr. H. Sublett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16, 1849

7. AGE YEARS 89 MONTHS 7 DAYS 19 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 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. Housewife  
 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) Mexico, Mo.

FATHER 13. NAME Edman Miller

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

MOTHER 15. MAIDEN NAME Lidia Bea Hart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia, Mo.

17. INFORMANT (ADDRESS) Will Sublett

18. BURIAL, CREMATION, OR REMOVAL PLACE Olvest Cem DATE Mar 7 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Parber's

20. FILED 3/6/39 Allie Selby Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 5 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-19 1939, to 3-4 1939

I last saw him alive on 3-4 1939 Death is said to have occurred on the date stated above, at 5 A.M.  
 The principal cause of death and related causes of importance were as follows:

Bronchitis about Date of onset 1890  
old age

Other contributory causes of importance: old age

Name of operation None 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? No Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? None  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_

(Signed) W. D. Dwyer M. D.  
 (Address) Columbia, Mo.

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

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.

5010-2-21-39 I X 18625

**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, or by me

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

Signed Tom McHarg Jr.

Licensed Embalmer No. 4067

P. O. Address Columbia, Mo.

**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.**