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.

REC'D MAY 22 1939

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

Do not use this space.

15861

1. PLACE OF DEATH
County Pulaski
Township Roubidoux
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 714
Primary Registration District No. 5944

File No. 3A
Registered No. 4

2. FULL NAME 235 Virginia, Alice Poston

(a) Residence, No. ..... St., ... Ward.
(Usual place of abode)

(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

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 Benjamin Avery Poston

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 19, 1879

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
59	8	0	

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.
10. Date deceased last worked at this occupation (month and year) Apr. 5, 1939
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski Co. Mo

FATHER

13. NAME Wm Russel Crossland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn.

MOTHER

15. MAIDEN NAME Sarah Jane Wood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Rosa Mae Clark Waynesville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friendship DATE Apr. 20, 1939

19. UNDERTAKER (ADDRESS) C. L. Vaughn & Son Blackwell Mo

20. FILED 5-18, 1939 S. G. Koonce Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr. 6, 1939, to Apr. 19, 1939
I last saw her alive on Apr. 18, 1939. Death is said to have occurred on the date stated above, at 1:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Bronchial	4-8-39

Other contributory causes of importance: 11a
Influenza Apr. 5, 1939

Name of operation 0 Date of 0
What test confirmed diagnosis? no 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? 0
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) C. Wallette, M. D.
(Address) Crocker, Mo.