

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 68

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County. Boone

(b) City or town. Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
214 Alstead Ave 7
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Boone

(c) City or town. Columbia
(If outside city or town limits, write "RURAL")

(d) Street No. 214 Alstead Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME. NANNIE MODE

3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex. Female 5. Color or race. White 6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife. B. S. Modes 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. Nov 20 1858
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March, day 29
year 1944 hour 1.30 minute P. M.

21. I hereby certify that I attended the deceased from
March 28, 1944 to March 29, 1944
that I last saw her alive on March 28, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 4 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace. Boone Co., Mo.
(City, town, or county) (State or foreign country)

Immediate cause of death. Cerebral hemorrhage 26 hrs

Due to arterio-sclerosis

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation. Retired

11. Industry or business _____

MOTHER FATHER { 12. Name. Rice Schooler

13. Birthplace. _____
(City, town, or county) (State or foreign country)

14. Maiden name. Crowl

15. Birthplace. Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant. Frank Modes
(b) Address. Columbia, Mo

17. (a) Burial (b) Date thereof. 3-31-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Columbia Cem

18. (a) Signature of funeral director. Barker
(b) Address. Columbia, Mo

19. (a) 3/30/40 (b) Allie Salby 74
(Date received local registrar) (Registrar's signature)

Major findings: Of operations. None

Of autopsy. None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature. E. P. Bystrett (M. D. or other) M.D.
Address. Columbia Mo Date signed. 3/30/40

Duration 26 hrs

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

