

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

10-21-1931
30879

1. PLACE OF DEATH

County Callaway Registration District No. 104 File No. _____
Township _____ Primary Registration District No. 3008 Registered No. 202
City Fulton (No. _____) St. _____ Ward _____

2. FULL NAME

Mary Alice Overstreet

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 25, 1870</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>3</u>
	DATE <u>25</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	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 occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
FATHER	13. NAME <u>W. R. Overstreet</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Frances Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
17. INFORMANT <u>Mrs. Fred Overstreet</u> (ADDRESS) <u>Fulton, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ebenezer</u> DATE <u>Sept 21, 1931</u>		
19. UNDERTAKER <u>Geo. Wallace</u> (ADDRESS) <u>Fulton, Mo.</u>		
20. FILED <u>Sept 21, 1931</u> <u>R. N. Crews</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20, 1931

22. I HEREBY CERTIFY, that I attended deceased from July 15 to Sept 19, 1931
I last saw h. alive on Sept 19, 1931. Death is said to have occurred on the date stated above, at 3 p.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary tuber = Date of onset 7
catarrh

23A 5/15

Other contributory causes of importance:
None

Name of operation _____ Date of _____
What test confirmed diagnosis Physical exam Was there an autopsy? Yes

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? _____ (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 none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) R. H. Hall, M. D.
(Address) Fulton Mo

PRINTED WITH CHANGING INK---THIS IS A PERMANENT RECORD

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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.

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