

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

Do not use this space.

43725-a

1. PLACE OF DEATH
 County Washington Registration District No. 887
 Township Boston Union Primary Registration District No. 6182
 City (No.) St. Ward)

2. FULL NAME Allege Cair
 (a) Residence, No. St. Ward. (If nonresident, give city or town and State)
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-18-1931
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0 40 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
 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) Cadet, MO.

13. NAME Rose Cair

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co. MO

15. MAIDEN NAME Genevieve Cair

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co. MO

17. INFORMANT Lafe Cair (ADDRESS) 1471 Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Cadette Mo DATE 12-19-1931

19. UNDERTAKER Lafe Cair (ADDRESS) 1471 Mo

20. FILED 12-19 1931 Jos. L. Thurman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-18 1931

22. I HEREBY CERTIFY, That I attended deceased from no physician, 1931
 I last saw h. alive on never, 1931 Death is said to have occurred on the date stated above, at 6 A. m.
 The principal cause of death and related causes of importance were as follows:

ptolectasis -
6013
161A
161A
 Other contributory causes of importance: prolonged labor.
 Date of onset

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify Jos. L. Thurman Reg. Str

(Signed) Jos. L. Thurman, M. D.

(Address) Potosi Mo.

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.

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

FEB 25 1932

