

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.

59 FEB 24 1932

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

Do not use this space.

1709

1. PLACE OF DEATH

County Livingston
Township Monroe
City Ladlow (No.)

Registration District No. 274
Primary Registration District No. Livingston 27

File No. 182
Registered No. 2 St. Ward)

2. FULL NAME

Mary Alice Harper Goll

(s) Residence, No. St., Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 3 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Goll
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15, 1901
7. AGE YEARS 30 MONTHS 2 DAYS 19 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
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) Avalon, Missouri

MOTHER FATHER 13. NAME J. F. Harper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Mathie Hoyt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Mrs. J. F. Harper (ADDRESS) Livingston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wheeler Mo DATE Jan 5 1932

19. UNDERTAKER (ADDRESS) J. F. Meacham

20. FILED Jan 5 1932 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4, 1932

22. I HEREBY CERTIFY That I attended deceased from Dec 20, 1931 to Jan 4, 1932
I last saw h. alive on Jan 4, 1932 Death is said to have occurred on the date stated above, at 12:15 p.m.
The principal cause of death and related causes of importance were as follows:

Left Pneumonia Sept 1 '31
149 (11) 108
Other contributory causes of importance: Childbirth (1) Feb 21 '31

Name of operation 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? 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? No
If so, specify
(Signed) Eles M. Money M. D.
(Address) Ladlow Mo

