

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.

901 26 1932

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

Do not use this space.

1. PLACE OF DEATH

15 County Howard
Township Franklin
No. Franklin

Registration District No. 390
Primary Registration District No. 5530

File No. 29117
Registered No. 25
St. _____ Ward _____

2. FULL NAME Widow Alice Dusenbury

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>Hensy Dusenbury</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept. 13 1856</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>0</u>
	DAYS <u>11</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>at home</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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howard Co. Mo.</u>	
	13. NAME <u>Frank Lay</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howard Co. Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Charlotte Beach</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pulaski Co. Va.</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Albert Dusenbury Franklin, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hayette, Mo.</u> DATE <u>9 12 1932</u>		
19. UNDERTAKER (ADDRESS) <u>H. D. Dusenbury New Franklin, Mo.</u>		
20. FILED <u>9-29-1932</u> <u>J. B. Cook</u> Registrar.		

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1932, to Sept 18, 1932
I last saw her alive on Sept 18, 1932. Death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:
acute gastroenteritis (Date of onset) Sept 1-32
1200 / 210
1000
Other contributory causes of importance:
gall stones
hypertension (11)

Name of operation none 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) J. L. Chamberlain, M. D.
(Address) New Franklin, Mo.

