

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

Do not use this space.

25923

1. PLACE OF DEATH

County Chautau
Township Triplett
City Mar. Triplett (No.)

Registration District No. 177
Primary Registration District No. 5245

File No.
Registered No. 57
St. Ward)

2. FULL NAME ALICE ELIZA STATION

(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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thas. Station</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 30-1968</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>3</u>
	DAYS <u>21</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>Housekeeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housework</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from on Aug 21, 1933, to, 19...
Husband above did not see her alive, 19...
Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis
9:00 AM
Arterio sclerosis

Other contributory causes of importance:

Name of operation None Date of

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?, 19...
Where did injury occur?, 19...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify No.

(Signed) J. L. Laffoon, M. D.
(Address) Salisbury Mo.

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Putnam Co. Mo.</u>
	13. NAME <u>F M Tate</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mattoon Ill.</u>
	15. MAIDEN NAME <u>Miriam J. Bot</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Putnam Mo.</u>
	17. INFORMANT <u>Mrs. Turner Elliott</u> (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACES <u>Putnam Mo.</u> DATE <u>Aug 22, 1933</u>	
19. UNDERTAKER <u>L. H. Neisel</u> (ADDRESS) <u>Putnam Mo.</u>	
20. FILED <u>7/21, 1932</u> <u>R. P. Prier</u> Registrar.	

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.

SEP 26 1933

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