SEP 19 1934

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

Do not use this space.

31741

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1. PLACE OF DEATH
County: Vernon
Township: Washington
City: ~~Nevada~~ (No. ..... St. ..... Ward)

Registration District No. 875
Primary Registration District No. 6162

File No. .....
Registered No. 180

2. FULL NAME: Alstine, Mande Alice

(a) Residence, No. State Hospital No 3, Nevada Mo St., ..... Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs. 3 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frank Atkin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 17, 1876

7. AGE: 35

| YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 58 | 5 | 12 | |

OCCUPATION

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.:
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): Arrow Rock Mo.

FATHER

13. NAME: D. Fowler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arrow Rock Mo

MOTHER

15. MAIDEN NAME: Martha A. Dawson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lewis County Mo.

17. INFORMANT (ADDRESS): D. Fowler Arrow Rock Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hospital Cemetery DATE: 8-31, 1934

19. UNDERTAKER (ADDRESS): Ferry Funeral Home Nevada Mo

20. FILED: Aug 30, 1934 M. Eichinger Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1934, to Aug 29, 1934
I last saw him alive on Aug 29, 1934. Death is said to have occurred on the date stated above, at 11 30 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute myocardial failure | |
| 1937 Fr | |
| 1932 | |

Other contributory causes of importance:

Name of operation: Hemicorporectomy Date of: Aug 13, 1934
What test confirmed diagnosis? Clinical Was there an autopsy? No

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
Nature of injury

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

(Signed) Stony W. Pearce Jr., M. D.
(Address) State Hospital No 3, Nevada 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

#2

**DEPARTMENT OF COMMERCE**

**BUREAU OF THE CENSUS**

**WASHINGTON**

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Vernon

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Maude Alice Alstine

Who died at _____ on Aug 29 - 1934

Residence: No. _____ St. _____

(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex F Color or race W ~~Single~~, married, ~~widowed or divorced~~: _____

Date of birth _____ Age: Years 58 Months 5 Days 12

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Acute Myocardial Failure

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death:

Strangulated umbilical Hernia

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar X M. Eichinger Date filed

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. McGaugh

State Registrar

Special Agent.

Reg. Dist. No. 875

Primary Reg. Dist. No. 6162

Roy Prince

5-31741