

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

Do not use this space.

JUL 26 1937

23030

1. PLACE OF DEATH

County Adair
 Township Ficksville
 City Ficksville No. 3001

Registration District No. 4
 Primary Registration District No. 3001

File No. 23030
 Registered No. 129 Ward

2. FULL NAME Mrs. Alice Wonderley

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-27, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George A. Wonderley

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1937, to June 27, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13, 1862

I last saw her alive on June 27, 1937. Death is said to have occurred on the date stated above, at 2:30 p. m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 74 9 24

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

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. Housewife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Date of onset 5/23/37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Illinois

Other contributory causes of importance:
Fracture of left hip.

FATHER 13. NAME Kenzy Clarkson

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? fall Date of injury 5/23, 1937
 Where did injury occur? Husband, Mo. (Specify city or town, county, and State)

MOTHER 15. MAIDEN NAME Theresa Pevhouse

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

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

Manner of injury fell on stairs
 Nature of injury Fracture left femur, tooth

17. INFORMANT (ADDRESS) Mrs. Sam Payne

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify housewife

18. BURIAL, CREMATION, OR REMOVAL C.O.C.F.
 PLACE Hurdland DATE June 30 1937

(Signed) J. K. King M.D., M. D.

19. UNDERTAKER (ADDRESS) Geo B. Egan

20. FILED June 29 1937 Spencer L. Meeman (Address) Ficksville Mo.
 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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Adair Registration District No. 4
Township _____ Primary Registration District No. 3001
City _____ (No. _____ St. _____ Ward _____)

File No. 23030
Registered No. _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-27-1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____.
I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>74</u>	<u>9</u>	<u>24</u>	

Date of onset _____

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 _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED Aug 27 1937 Spencer L. Freeman Registrar

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 _____

(Signed) J. J. Phelps (Wimp), M. D.
(Address) Quirkville

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

5-23030