NOV 22 1937

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

Do not use this space.

38476

1. PLACE OF DEATH
County: Phelps
Township:
City: Rolla (No. , St. Ward)

Registration District No. 677
Primary Registration District No. 4403

File No.
Registered No. 127

2. FULL NAME: Alice M Stoll

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lawrence Stoll.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 24, 1907

7. AGE: Years 30 | Months 5 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Show Worker
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): Dixon Mo.

FATHER
13. NAME: Robert Ramsey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dixon Mo.

MOTHER
15. MAIDEN NAME: Effie Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dixon Mo

17. INFORMANT (ADDRESS): Mrs. J R. Sauls. Rolla Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St Louis Mo. DATE: 10/23, 1937

19. UNDERTAKER (ADDRESS): Mrs. Harry McCaw Rolla, Mo

20. FILED: Oct 22, 1937 Jos. F. Ayers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-20, 1937, to 10-20, 1937
I last saw her alive on 10-20, 1937. Death is said to have occurred on the date stated above, at 1:20 p.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis — Date of onset

Other contributory causes of importance:

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) B. E. Faind, M. D.
(Address) Rolla 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.