

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

36515
Do not use this space.

1. PLACE OF DEATH **NOV 28 1939**

(a) County Lawrence Registration District No. 468
 (b) Township Bucknarrie Primary Registration District No. 3629
 (c) City Aurora (d) Street No. R.F.D. # 2 Aurora Mo. Registered No. 23
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alice Bigelow
 (a) Residence, No. R.F.D. # 2 Aurora Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 W.L. Bigelow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14-1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	63	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as 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) Henry County
(STATE OR COUNTRY) Missouri

FATHER

13. NAME J.J. Moore

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

MOTHER

15. MAIDEN NAME Mary Bowling

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

17. INFORMANT W.L. Bigelow
(ADDRESS) Aurora Mo R.F.D. # 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Aurora Mo. DATE Oct. 25 1939

19. FUNERAL DIRECTOR (NAME) J.F. King
(ADDRESS) Aurora Mo.

20. FILED Oct. 25 1939 Laura O. Connady
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct, 24 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 1939 to Oct 24 1939
 I last saw her alive on Oct 23 1939. Death is said to have occurred on the date stated above, at 4:55 A.M.
 The principal cause of death and related causes of importance were as follows:
Pellegra
 Date of onset about 5 yrs. ago.

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) W. Wayne M. Weaver, M.D.
 (Address) Madisonville, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
 MARGIN RESERVED FOR BINDING
 K. 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.
 V. S. NO. 2
 20M-9-19-38
 1 X16005

RECEIVED

District Health Officer No. 6,

District File Number 1139-2218

Date Filed NOV 8 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Herman Turridge

Licensed Embalmer No. 3072

P. O. Address Aurora Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.