

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

Do not use this space.

OCT 17 1934

33860

1. PLACE OF DEATH

County Ray Registration District No. 914
Township Hope Grove Primary Registration District No. 6283-
City Richmond (No. 8) St. _____ Ward _____

2. FULL NAME

Alta Belle Oster
(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 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fe</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 6 - 1883</u>		
7. AGE	YEARS	MONTHS
	<u>50</u>	<u>11</u>
		DAYS
		<u>8.</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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) <u>Missouri</u>		
13. NAME <u>James Saylor</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>Lily Denton</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT (ADDRESS) <u>Charley Oster</u> <u>Richmond, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>New Hope</u> DATE <u>Sept. 16, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>B. F. Mead</u> <u>Grayson, Mo.</u>		
20. FILED <u>Sept 15, 1934</u> <u>W. E. Gant</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1934, to _____, 19____.

I last saw her alive on Sept 14, 1934. Death is said to have occurred on the date stated above, at 7:00 a.m.

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

Cerebral Hemorrhage Date of onset _____

Diabetes Mellitus

Other contributory causes of importance _____

Name of operation None Date of _____

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? _____ 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) Carl H. Reed, M. D.
(Address) Hardin, Mo.

