

SEP 24 1930

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

Do not use this space.

26148

1. PLACE OF DEATH

County Cedar
Township Washington
City Caplinger Mills (No.)

Registration District No. 166
Primary Registration District No. 5237

File No.
Registered No.
St. Ward)

2. FULL NAME Grace Ralston

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 22, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 6 5

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT John Ralston
(Address) Caplinger Mills, Mo.

15. FILED 9/7 1930 H. A. Surrill REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 27 1930

17. I HEREBY CERTIFY, That I attended deceased from West 1929 to Aug 27 1930 that I last saw her alive on Aug 27 1930, and that death occurred, on the date stated above, 8 27 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic nephritis

131
CONTRIBUTORY (SECONDARY) 124W

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. A. Surrill M. D.

9/7 1930 (Address) Caplinger Mills

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Caplinger Mills Cemetery DATE OF BURIAL 8/31 1930

20. UNDERTAKER W.C. DAVIS & COMPANY ADDRESS Stockton

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.

