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

Do not use this space.

15332

1. PLACE OF DEATH U.S.V.Hosp. #67

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 10 — Registered No. 2202

City Kansas City, Mo. (No. U.S. Veterans Hosp 67 St. Ward)

2. FULL NAME ALLEY, Claude C-W O E

(a) Residence. No. 3720 Gardner ave St., 10 Ward. 54 C. Trans. Corps.
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28, 1888

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
38	9	29	

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

9. BIRTHPLACE (CITY OR TOWN) Ft. Madison
(STATE OR COUNTRY) Iowa.

PARENTS

10. NAME OF FATHER Lyzurgus C Alley
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Iowa
12. MAIDEN NAME OF MOTHER Fannie Chambers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Iowa

14. INFORMANT Mrs. Anna Sharp (Mother-in-law)
(Address) 11107 Felton Ave.,

15. FILED 5/28 1927 Fairmont, Missouri M M Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 27 1927

17. I HEREBY CERTIFY, That I attended deceased from May 24, 1927, to May 27, 1927, that I last saw him alive on May 27, 1927, and that death occurred, on the date stated above, at 1:20 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia, Lobar Right upper & left lower

10 pa (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam. & Autopsy

P.C.D. (Signed) Henry A. Dykes M.D.
19 (Address) Henry A. Dykes, Medical Officer in Charge (T) U.S.V.Hosp. #67 Kansas City, Missouri

*State the Disease Causing Death, or Condition from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Fort Madison Iowa — DATE OF BURIAL: 5/28/27 19

20. UNDERTAKER: H C Bergman — ADDRESS: Kan City, 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.