

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.

1927

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

Do not use this space.

29607

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No Byrd's Sanitarium, Karnes Rd.)

File No.

Registered No. 1064

Ward

2. FULL NAME Ellen Alder

(a) Residence. No. 1106 South 9th St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 70 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)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Hiram Alder

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Year 1844

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. min.

63

Unknown

Unknown

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work At Home

(b) General nature of industry,

business, or establishment in

which employed (or employee)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Scranton

(STATE OR COUNTRY)

Pennsylvania

10. NAME OF FATHER Michael McTigue

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown

(STATE OR COUNTRY)

Ireland

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown

(STATE OR COUNTRY)

Ireland

PARENTS

14.

INFORMANT Mrs. Geo. A. Nelson

(Address) 1110 So 9th Street

15.

FILED 10/18/27 John G. Gaff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

17.

I HEREBY CERTIFY, That I attended deceased from Sept 10, 1927 to Oct 16, 1927

that I last saw him alive on Oct 16, 1927, and that

death occurred, on the date stated above, at 5:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Pyloric End of Stomach

440 917 (duration) yrs. mos. ds.

CONTRIBUTORY Stomach Endocarditis (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 1106 So 9th St

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physiocal

(Signed) Chas. D. Byrd, M. D.

Oct. 18, 1927 (Address) Karnes Road

*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

DATE OF BURIAL

Mount Olivet Cemetery

Oct. 19, 1927

20. UNDERTAKER

ADDRESS

Heaton Bldg. 2nd. Co. 319 S. 10 St.

