

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.

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

Do not use this space.

32834

1. PLACE OF DEATH

County BUCHANAN
Township WASHINGTON
City ST JOSEPH

Registration District No. 85

Primary Registration District No. 1001

File No. _____
Registered No. 1224
St. _____ Ward _____

2. FULL NAME

WILLIAM T ALDERS

(a) Residence. No. 2701 RENICK St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. # mos. # da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 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 ROSINE ALDERS

6. DATE OF BIRTH (MONTH, DAY AND YEAR) APRIL-15-1838

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 7 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work RETIRED
(b) General nature of industry, business, or establishment in which employed (or employer) MERCHANT
(c) Name of employer - GROCERY -

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

10. NAME OF FATHER THEO. ALDERS

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

12. MAIDEN NAME OF MOTHER Dunbar

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

14. INFORMANT MRS HENRY DUNBAR
(Address) 2701 RENICK ST-CITY

15. John A. W.
DEC 1 1927 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) NOV 30TH 1927

17. I HEREBY CERTIFY, That I attended deceased from viewed 19. Nov. 30, 19. 27
that I last saw h. alive on Nov. 30, 19. 27, and that death occurred, on the date stated above, at 4:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

82! apoplexy.
MI
CONTRIBUTORY (SECONDARY) MI
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

9 DID AN OPERATION PRECEDE DEATH? ✓ DATE OF ✓
WAS THERE AN AUTOPSY? ✓
WHAT TEST CONFIRMED DIAGNOSIS? Examination
(Signed) J. W. Mays, Coroner. M. D.
12/1st, 1927 (Address) St. Joseph, Mo.

*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.
By Mrs. Dunbar

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
MT OLIVET CEMETERY DEC 2 1927

20. UNDERTAKER ADDRESS
Rock Funeral Home 906 Sylh

