

MAY 31 1928

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

12794

1. PLACE OF DEATH

County DeKalbRegistration District No. 282Township CampbellPrimary Registration District No. 4166City CampbellFile No. 24Registered No. 24St. Mo. Ward

2. FULL NAME

(a) Residence. No. Robert Lee Alderson 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. 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)

widower

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

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

Dec 2 - 1865

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or mins.62417

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farming

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

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

(Address)

Wm AldersonCampbell Mo

15.

FILED

4/19, 1928E. C. Anderson

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

April 19 1928

17.

I HEREBY CERTIFY, That I attended deceased from April 18, 1928, to April 18, 1928, and that I last saw him alive on April 18, 1928, and that death occurred, on the date stated above, at 11:30 a.m. 1914.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Osteomyelitis of Right Femur
155W
Injury from carrying
water wheel fell on his arm
(duration) yrs. 2 mos. da.
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF April 3WAS THERE AN AUTOPSY? NoWHAT TEST CONFIRMED DIAGNOSIS? None(Signed) M. L. Cone, M. D., 19 (Address) Campbell, 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Canaan Cem.4/20 1928

20. UNDERTAKER

ADDRESS

C. W. Landers
Campbell Mo.

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.

