

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

Do not use this space.

13850

**1. PLACE OF DEATH**

County Lafayette  
Township Concordia Mo  
City Concordia Mo

Registration District No. 457  
Primary Registration District No. 4771

File No. \_\_\_\_\_  
Registered No. 13  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 1602 Edison Ave. St. Detroit Mich.  
(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)**

Married

**5A. IF MARRIED, WIDOWED, OR DIVORCED**

HUSBAND OF (or) WIFE OF

Marion H. Alger

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

June 22-1871

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

56

10

7

**8. OCCUPATION OF DECEASED**

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

Manufacturer

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

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

Lafayette, Ohio

(STATE OR COUNTRY)

Columbia County

**10. NAME OF FATHER**

Thomas Alger

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Unknown

**12. MAIDEN NAME OF MOTHER**

Helena Hawkins

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Lafayette, Ohio

PARENTS

**14. INFORMANT**

(Address)

Marion H. Alger

1602 Edison Ave. Detroit Mich.

**15. FILED**

APR 29 1928

Perdinand Shryman

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

April-29 1928

**17.**

I HEREBY CERTIFY That I attended deceased from April 29 1928 to April 29 1928 that I last saw him alive on April 29 1928, and that death occurred, on the date stated above, at 5:30 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute Dilation of Heart

**CONTRIBUTORY (SECONDARY)**

Acute Regurgitation

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

E. P. Johnston

M. D.

April 29, 1928 (Address) Concordia 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**

(Address)

Detroit Mich

May 3 1928

**20. UNDERTAKER**

ADDRESS

H. B. Dunsing Concordia Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

11/11/11

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