

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

Do not use this space.

17217

1. PLACE OF DEATH

County Sales
Township
City Butler (No.)

Registration District No. 50
Primary Registration District No. 3004

File No.
Registered No. 32
St. Ward)

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)
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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 14 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 6 13

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Bedford
(STATE OR COUNTRY) Iowa

PARENTS

10. NAME OF FATHER William L Alkire

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

12. MAIDEN NAME OF MOTHER Anna Torkison

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

14. INFORMANT West Alkire
(Address) Butler Mo.

15. FILED 5/28 1929 Mrs. L. Culver
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 27 1929

17. I HEREBY CERTIFY That I attended deceased from Jan. 1 to May 27 1929.
that I last saw him alive on May 26 1929, and that death occurred, on the date stated above, at 9 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
(duration) 1 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. M. Price M. D.
5/28, 19 (Address) Butler, 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 Oak Hill
DATE OF BURIAL May 28 1929

20. UNDERTAKER Culver
ADDRESS Butler 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.

