

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

Do not use this space.

31728

94
 24 1929
 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.

1. PLACE OF DEATH
 County St. Francois Registration District No. 777
 Township St. Francois Primary Registration District No. 6018A
 City Near Farmington (No.) St. Ward)

2. FULL NAME Francis Alley
 (a) Residence. No. Camuthersville Mo. 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. 1 mos. 20 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-27-81.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>47</u>	<u>10</u>	<u>14</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housework
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Portageville,
 (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Merrida Nelson Alley
 (STATE OR COUNTRY) Unknown

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

12. MAIDEN NAME OF MOTHER Iida Dees

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Point Pleasant
 (STATE OR COUNTRY) Mo.

14. INFORMANT Hospital Records
 (Address) Farmington, Mo.

15. FILED 9-15-29 J. J. Johnson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 12 1929

17. I HEREBY CERTIFY, That I attended deceased from July 21, 1929 to Sept. 12, 1929 that I last saw him alive on Sept. 12, 1929, and that death occurred, on the date stated above, at 1:50 p.m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS: Exhaustion -
84 1700
 (duration) 0 yrs. 0 mos. 20 ds.

CONTRIBUTORY (SECONDARY) Psychosis - Manic depressive
 (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? No DATE OF
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) C. F. Hoctor, M. D.
974.19.29 (Address) Farmington, 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 Camuthersville Mo DATE OF BURIAL 9-14-1929

20. UNDERTAKER Farmington and Co Farmington ADDRESS Farmington Mo

