

OCT 31 1930

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

Do not use this space.

30783

1. PLACE OF DEATH

County PikeRegistration District No. 688Township PikePrimary Registration District No. 4412City Frankfort Mo (No.)

File No.

Registered No. 13

St.

Ward)

2. FULL NAME Nelson Alford

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 76 yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE Black5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bessie Alford6. DATE OF BIRTH (MONTH, DAY AND YEAR) do not exist

7. AGE

YEARS 76MONTHS 1DAYS 1

If LESS than 1 day, ... hrs. or min.

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER Do Not No11. BIRTHPLACE OF FATHER (CITY OR TOWN) Do Not No

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Williams13. BIRTHPLACE OF MOTHER (CITY OR TOWN) La Virginia

(STATE OR COUNTRY)

PARENTS

14. INFORMANT Ford W. L. L.(Address) Frankfort Mo15. FILED Oct 9, 1930Mattie Unsell

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 4 193017. 1

HEREBY CERTIFY That I attended deceased from Sept. 1, 1930, to Sept. 4, 1930, that I last saw him alive on Aug. 28, 1930, and that death occurred, on the date stated above, at Frankfort Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Organic Heart Disease

CONTRIBUTORY (SECONDARY)

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) W. H. L. L., M. D.
9/6, 1930 (Address) Frankfort 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 Frankfort CemDATE OF BURIAL Sept. 6, 193020. UNDERTAKER E. G. LieldsADDRESS Frankfort 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.

WHILE LIVING, WITH OBTAINING THIS IS A PERMANENT RECORD

