

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

Do not use this space.

20726

1. PLACE OF DEATH

County Butler Registration District No. 90 File No. _____
 Township Ash Hill Primary Registration District No. 5734C Registered No. 9
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

William Henderson Alford
 (a) Residence, No. 10 Mi S.E. Paplar Bluff Mo. R. 4 (If nonresident, give city or town and State)
 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruby Alford
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12-1855
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
75 10 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) Feb 1928 11. Total time (years) spent in this occupation. all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edmonson Co Ky

FATHER 13. NAME John Franklin Alford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER 15. MAIDEN NAME Charlotte Raynor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edmonson Co Ky

17. INFORMANT James W. Alford

(ADDRESS) Paplar Bluff Mo R4

18. BURIAL, CREMATION, OR REMOVAL PLACE Marble Hill Co DATE June 29 1931

19. UNDERTAKER H. J. Phelton

(ADDRESS) Paplar Bluff Mo

20. FILED 6 1931 W. J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar 12 1928 to June 27 1931.
 I last saw him alive on Jan 10 1930. Death is said to have occurred on the date stated above, at 6:00 a.m.

The principal cause of death and related causes of importance were as follows:

93C
75B
Chronic Myocarditis
Following influenza
Feb 1928
 Other contributory causes of importance:
Died suddenly,
Acute Cardiac
Dilatation

Name of operation _____ Date of _____
 What test confirmed diagnosis Placed Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) J. P. Barwell, M. D.

(Address) Paplar Bluff Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUL 22 1931

