

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.

SEP 21 1931

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

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St Joseph(No. 517 Concord street)

File No.

27529

Registered No.

832

St.

Ward)

2. FULL NAME Phillip Alonzo Alley(a) Residence, No. 517 Concord street St. _____ Ward. _____
(Usual place of abode)Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Unknown6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16, 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>73</u>	<u>0</u>	<u>20</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Watchman</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Street Railway Co.</u>
	10. Date deceased last worked at this occupation (month and year) <u>Aug. 4, 1931</u>	11. Total time (years) spent in this occupation <u>Unknown</u>

12. BIRTHPLACE (CITY OR TOWN) Marion Co.
(STATE OR COUNTRY) Iowa.13. NAME William H. Alley14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Indiana15. MAIDEN NAME Caroline J Ritche16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ind.17. INFORMANT Orville L. Alley
(ADDRESS) 517 Concord St., St Joseph Mo.18. BURIAL, CREMATION, OR REMOVAL Avon Iowa.PLACE Avon Iowa. DATE Aug. 8 19 3119. UNDERTAKER H. O. Sidentader
(ADDRESS) 1802 Union st. St Joseph Mo.20. FILED 8-7-31 19 John R. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 6 19 3122. I HEREBY CERTIFY, That: I attended deceased from Aug 5 19 31, to Aug 6 19 31I last saw him alive on Aug 6 19 31. Death is said to have occurred on the date stated above, at 2:20 P.

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

Acute dilatation of heart Date of onsetOther contributory causes of importance: Chronic endocarditisName of operation myocardium Date of _____
What test confirmed diagnosis? chamber Was there an autopsy? no23. 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? noIf so, specify Off Footlocker M. D.(Signed) H. O. Sidentader
(Address) 1802 Union St. St Joseph Mo.

