

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

34042

1. PLACE OF DEATH

County Dent
 Township Franklin
 City _____ (No. _____)

Registration District No. 266
 Primary Registration District No. 5-373

File No. _____
 Registered No. 60
 St. _____ Ward _____

2. FULL NAME Joseph Alred

(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) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Francis Scott
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11 1849
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 4 8

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

13. NAME Thomas Alred
 14. BIRTHPLACE (CITY OR TOWN) North Kansas (STATE OR COUNTRY) _____

15. MAIDEN NAME Warren
 16. BIRTHPLACE (CITY OR TOWN) North Kansas (STATE OR COUNTRY) _____

17. INFORMANT Williard Alred
 (ADDRESS) Cedar Grove

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashley Cem. DATE 10/20, 1931

19. UNDERTAKER Carl K. Spencer
 (ADDRESS) 1118

20. FILED 10/20 31. H. E. Rudolph, Jr.
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/19, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1931, to Oct 16, 1931
 I last saw him alive on Oct 16, 1931. Death is said to have occurred on the date stated above, at 3:00 PM.
 The principal cause of death and related causes of importance were as follows:
Hepatitis (Chronic)
 Date of onset _____

Other contributory causes of importance old age

Name of operation none Date of _____
 What test confirmed diagnosis? Specimens 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? _____
 If so, specify _____
 (Signed) J. H. Wilson, M. D.
 (Address) Saline Mo

NOV 24 1931



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