

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

Do not use this space.

23611

1. PLACE OF DEATH
78 County Missouri Registration District No. 651
Township Little Prairie Primary Registration District No. 5852
City La Alford (No.)

File No.
Registered No. 120
St. Ward

2. FULL NAME La Alford
(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.
(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
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (or) WIFE OF Mary E. Alford
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-26-1867
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 8 6 X

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Reverend
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) worked some in 1931 11. Total time (years) spent in this occupation Life

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

13. NAME Thomas J. Alford

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

15. MAIDEN NAME Martha Brightwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT Mrs Mary E. Alford
(ADDRESS) Steele, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Cemetery DATE July 3, 1932

19. UNDERTAKER (ADDRESS) Wm. S. Underhill
Caruthersville, Mo

20. FILED Sept. 2, 1932 Uda Martin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-2 1932

22. I HEREBY CERTIFY, That I attended deceased from June 15 1932 July 2 1932
I last saw him alive on July 2, 1932. Death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
131
950 / 31 D

Other contributory causes of importance
Cardio-Renal Complications

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) James B. Yockey, M. D.

(Address) Steele, 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.

MARGIN RESERVED FOR BINDING

NO. 2

SEP 26 1932

