

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

Do not use this space.

23782

**1. PLACE OF DEATH**

88 County Randolph  
Township Salisbury  
City (No. ....) .....

Registration District No. 733  
Primary Registration District No. 5967

File No. ....  
Registered No. 19  
St. .... Ward

**2. FULL NAME**

Alfred Terry  
(a) Residence, No. .... St. .... Ward.  
(Usual place of abode)

(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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
73 11 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) Randolph Co 1

13. NAME Joseph Terry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

15. MAIDEN NAME Martha Turner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph 1

17. INFORMANT Mrs Florence Terry  
(ADDRESS) Franklin Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Terry Cemetery DATE July 10, 1932

19. UNDERTAKER Tom B. Patton  
(ADDRESS) Franklin Ave

20. FILED July 12, 1932 Y. Y. Brugg  
Registered

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to July 7, 1932  
I last saw him alive on July 7, 1932 Death is said to have occurred on the date stated above, at ..... m.

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

Bright Disease

Date of onset

Other contributory causes of importance: 13/19 13/32

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? No Date of injury ..... 19.....

Where did injury occur? Ind (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 Q. J. Patton M. D.  
(Signed) John S. Williams  
(Address) .....

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.

AUG 27 1932

