

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.

29969

1. PLACE OF DEATH

78 County Barry Registration District No. 65-1  
Township Little Prairie Primary Registration District No. 3-862  
City (None)

File No. ....  
Registered No. 147 St. .... Ward)

2. FULL NAME

Robert Carl Alderson  
(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 Mrs. R. C. Elderson  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown  
7. AGE YEARS About 28 MONTHS DAYS If LESS than 1 day, hrs. or min.

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. Farmer  
10. Date deceased last worked at this occupation (month and year) May 1932 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss  
13. NAME Mrs Alderson  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss  
15. MAIDEN NAME Leona Littlejohn  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT Frank Brawer (ADDRESS) Caruthersville, Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Maple cemetery 9-15-1932

19. UNDERTAKER (ADDRESS) Ed S. Smith

20. FILED Oct 10 1932 Eda Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-15-1932  
22. I HEREBY CERTIFY, That I attended deceased from 5-1- 1932, to 9-15- 1932  
I last saw him alive on 9-15- 1932 Death is said to have occurred on the date stated above, at 1 A.  
The principal cause of death and related causes of importance were as follows:

T. B. Lung  
73A 23  
Other contributory causes of importance: (1)  
Date of onset

Name of operation no Date of no  
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? If so, specify Shuman Hallins (Signed) Caruthersville, Mo. M. D.  
(Address)

510215