

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

Do not use this space.

27375

1. PLACE OF DEATH

89 County Ralls
Township Center
City _____ (No. _____)

Registration District No. 725-
Primary Registration District No. 4431

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

2. FULL NAME

(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 Annie Alford
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28-1876
7. AGE YEARS 56 MONTHS 9 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Teacher
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) Ralls Co

13. NAME Edmund Alford

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

15. MAIDEN NAME Lizzie McTistyre

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nat. Haven

17. INFORMANT J. A. Alford
(ADDRESS) Center

18. BURIAL, CREMATION, OR REMOVAL
PLACE Center DATE Aug 6 1933

19. UNDERTAKER W. F. Couch
(ADDRESS) Center mo

20. FILED Aug 7 1933 J. T. Howard
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5, 1933

22. I HEREBY CERTIFY, That attended deceased from June 28, 1933, to Aug 5, 1933
Last saw him alive on Aug 5, 1933. Death is said to have occurred on the date stated above, at 5A m.
The principal cause of death and related causes of importance were as follows:

Acute Poisoning Date of onset Aug 5
16B
179B

Other contributory causes of importance: 41
Morphine addict (had been off of Morph. for 5 weeks - Took overdose of Acuytal)

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug 5, 1933
Where did injury occur? Center, Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
In home
Manner of injury Overdose of Acuytal
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W. F. Couch, M. D.
(Address) Center, Mo.

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.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

SEP 20 1933

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