

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

Do not use this space.

29864

1. PLACE OF DEATH
 County Jackson Registration District No. 404
 Township Washington Primary Registration District No. 5558
 City K.C. Mo. (No. 111 W. 79th St. St. _____ Ward _____)

2. FULL NAME: Millard Emmet Alvis
 (a) Residence, No. 111 W 79th. St. Ter. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF --		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 23, 1933</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>4</u>	<u>11</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. --		
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) <u>Kansas City, Mo.</u>		
13. NAME <u>H. C. Alvis</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>		
15. MAIDEN NAME <u>Na omi Lowe</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>		
17. INFORMANT <u>H. C. Alvis,</u> (ADDRESS) <u>K.C. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>Sept. 6, 1933</u>		
19. UNDERTAKER <u>R. V. Lindsey & Sons, Inc.</u> (ADDRESS) <u>K.C. Mo.</u>		
20. FILED <u>9-17-33</u> <u>B. H. Diamond</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1933, to Sept 4, 1933
 I last saw him alive on Sept 4, 1933. Death is said to have occurred on the date stated above, at 1:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Acute Calc.
119B
119D
Diarrhea
 Date of onset _____

Other contributory causes of importance _____

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? _____
 If so, specify James J. Ingwersen, M.D.
 (Signed) _____ (Address) 201 W. side Bank Bldg

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

A. 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.

OCT 20 1933

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