

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.

31900

1. PLACE OF DEATH

County Scott

Registration District No. 816

Township Chaffee

Primary Registration District No. 4492

City Chaffee

No.

File No.

Registered No. 14

St.

Ward

2. FULL NAME

(a) Residence, No. 321 Black St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 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

WIFE

Ernie Alford

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

May 21 1871

7. AGE

YEARS

62

MONTHS

3

DAYS

28

IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Teamster

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)

Baye Brandegee

13. NAME

Don't know

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

15. MAIDEN NAME

Don't know

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

✓

17. INFORMANT (ADDRESS)

Myrtle Alford

18. BURIAL, CREMATION, OR REMOVAL

PLACE Chaffee DATE 9-21-1933

19. UNDERTAKER (ADDRESS)

W. J. Smith

20. FILE

9-20

1933

W. J. Smith

Registrar

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1933, to Sept. 19, 1933

I last saw him alive on Sept. 19, 1933 Death is said to have occurred on the date stated above, at 12:50 p.m. Sept. 20-33

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

Passive congestion of the Lungs

Date of onset

Aug. 1933

Other contributory causes of importance:

Chronic Myocarditis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

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) Mabel M. Delezena D. O.

(Address) Chaffee - Mo.

