

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

Do not use this space.

MAR 24 1934

85

4009

1159

1. PLACE OF DEATH
County Buchanan Registration District No. _____
Township _____ Primary Registration District No. 1001
City St. Joseph, Mo. (No. St. Joseph Hospital) St. _____ Ward _____

File No. _____
Registered No. 173

2. FULL NAME James Martin Alder
(a) Residence, No. _____ St. _____ Ward. Rushville, Mo.
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Febr. 12, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from 2-9-1934 to 2-11-1934
I last saw him alive on Feb 11, 1934 Death is said to have occurred on the date stated above, at 12:30 A.M.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30, 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 9 12

Chronic Myocarditis Date of onset 10/6/1928

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 _____

Other contributory causes of importance:
Gallop pneumonia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay County Missouri

13. NAME James Alder

Name of operation Pericardial Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

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

15. MAIDEN NAME Unknown

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.

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

17. INFORMANT Clara Alder
(ADDRESS) Rushville, Mo.

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sugar Creek DATE Febr. 14, 1934

19. UNDERTAKER Fleeman Mortuary, Inc.
(ADDRESS) St. Joseph, Mo.

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

20. FILED 2-13-34 19 34 John R. Borden
Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

