

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.

MAY 20 1934

1. PLACE OF DEATH

County Randolph
Township mobley
City mobley (No. 1104)

Registration District No. 735
Primary Registration District No. 3034

File No. 13931
Registered No. 96
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1104 Forest 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 <u>Female</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Alderson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 10 1890</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>44</u>	<u>5</u>	<u>29</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

13. NAME George Yancy

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

15. MAIDEN NAME Sena Harvey

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

17. INFORMANT (ADDRESS) Frank Alderson
1104 Forest Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE mobley DATE April 12 1934

19. UNDERTAKER (ADDRESS) Robert L. Carr
mobley mo

20. FILED 4/12 1934 Virginia Walker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19 1934 to April 9 1934

I last saw him alive on April 19 1934 Death is said

to have occurred on the date stated above, at 8 P. m.

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

Uremia Date of onset

123 P

1920 123 P

Other contributory causes of importance:

Pyelo-Nephritis

Name of operation Ureter 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? _____ Date of injury _____ 1934

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) H. H. Longdon M. D.

(Address) mobley mo

RECEIVED

Randolph

WASHINGTON

13931

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Ethel Anderson
 Who died at _____ on April 9 - 1931
 Residence: No. _____ St. _____
 (If nonresident, city or town)

Length of residence in city or town where death occurred: _____ Years _____ Months _____ Days _____
 Sex F Color or race B Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 44 Months 5 Days 29

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Uremia Month _____ Year _____
 Birthplace (State or country) _____
 Birthplace of father (State or country) This was not a puerperal
 Birthplace of mother (State or country) case
 Principal cause of death: _____

Other contributory causes of importance Pyelo nephritis **133a**
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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 _____
 Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 Name of physician H. A. Longdon
 Address of physician myberry mo.

X Signature of Registrar Virginia Walker Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 735

Primary Reg. Dist. No. 3034

E. T. McGaugh
 State Registrar
 Special Agent.

S-13931