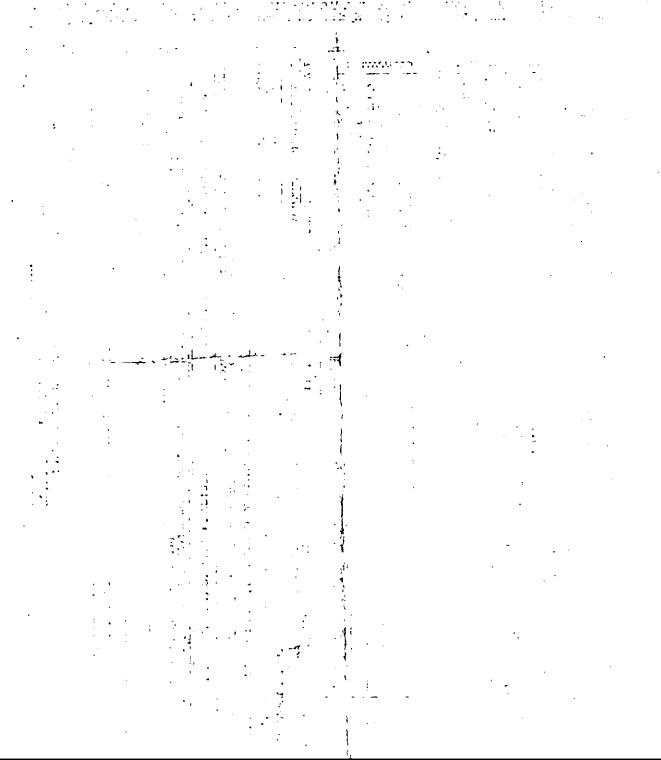
MISSOURI STATE BOARD OF HEALTH Do not use this space. \$681 CR YAM . AGE should be stated EXACTLY. PHYSICIANS should state classified. Exact statement of OCCUPATION is very important. **BUREAU OF VITAL STATISTICS** CERTIFICATE OF DEATH Registration District No..... Primary Registration District No. 303 Registered No. (a) Residence, No..... (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred How long in U.S., if of foreign birth? mos. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) 21. DATE OF DEATH (MONTH, DAY, AND YEAR) I attended deceased from 5A. IF MARRIED, WIDOWED, QR DWORCED HUCBAND OF (OR) WIFE OF Oc 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at The principal cause of death and related causes of importance were as follows: 7. AGE YEARS MONTHS DAYS If LESS than 1 day.hrs. Date of onset ormin. 8. Trade, profession, or particular information should be carefully supplied. kind of work done, as spinner, 'yery item of information snowid de careiumy suppued. OF DEATH in plain terms, so that it may be properly. sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and causes of import occupation..... уеаг) 12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) 13. NAME Name of operation What test confirmed diagnosis? 14. BIRTHPLACE (CITY OR TOWN). Was there an autopsy?...... (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: Where did injury occur? (Specify city or town, county, and State) 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION. 24. Was disease or injury in any way related to occupation of deceased? // U. 19. UNDERTAKER (ADDRESS) 20. FILED Registrar.



#2 DEPARTMENT OF	
BUREAU OF THE	Special Agent, Jefferson City, Mo.
Randelph Washing	$\frac{1393}{56}$
Dear Sir:	
It is essential that death certifica	tes be complete in every particular in or-
der that proper classification may be mad	e. You are therefore requested to make
	rmation, indicated by check marks, lacking
from the death certificate.	•
Name: Chel Alderson Who died at Residence: No	\sim 1
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	MonthsDays
SexColor or racev~Single	e, married, wid owed of divorge d:
Date of birthAge:	Years 44 Months 5 Days 39
yate of bittinago.	10015
Occupation: (a) Trade, profession, or	(b) Industry or business in which
particular kind of work done, as spinner,	
sawyer, bookkeeper, etc.	saw mill, bank, etc.
	·
	nea Vene
Date deceased last worked at this occupation	
Sirthplace (State or country)	this was not a tree manage
Birthplace of mother (State or country)	Case
Principal cause of death:	/\
•	
Q	2 2 / 6 - 0 - 135 6
ther contributory causes of importance $\frac{1}{2}$	the regional services
Other contributory causes of importance Pylo nephrology Same of operation	
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	y city or town, county and State)
(· · · · · · · · · · · · · · · · · · ·	
Specify whether injury occurred in <u>indust</u>	ry, in home, or in public place.
Manner of injury	
Nature of injury in any way related	to occupation of deceased?
TO	to occupation of docouped.
Name of physician Na Longdor	
Address of physician	myberly mo.
Address of physician Signature of Registrar Vinginia	alker Date filed
This information is sought for statis	stical purposes only and in order that the
official report may be complete and correct	
closed official envelope which requires n	
Dog Dank No : 735	Very truly yours,

Reg. Dist. No. 735
Primary Reg. Dist. No. 3034

State Registrar
Special Agent.