

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.

NOV 19 1934

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

Do not use this space.

1. PLACE OF DEATH

County Boone

Registration District No. 73

Township Columbia

Primary Registration District No. 3006

City Columbia (No.)

File No. 352176

Registered No. 261

St. Ward

2. FULL NAME

Clarence Elmer Alford

(a) Residence, No. 1000 University 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</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>Ruby Alford</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 20 1891</u>		
7. AGE YEARS <u>53</u>	MONTHS <u>6</u>	DAYS <u>29</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Eng oil Station</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>until sickness</u>
	10. Date deceased last worked at this occupation (month and year) <u> </u>
	11. Total time (years) spent in this occupation <u> </u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Audrain Co Mo

13. NAME
J. P. Alford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Audrain Co Mo

15. MAIDEN NAME
Mattie Decker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Audrain Co Mo

17. INFORMANT (ADDRESS)
Ruby Alford
Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kendalia City Cem DATE Oct 21 1934

19. UNDERTAKER (ADDRESS)
R. O. Willett
Columbia, Mo.

20. FILED 10/20/34 Allie Selby
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19th 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1934 to Oct 19 1934

I last saw him alive on Oct 19 1934 Death is said to have occurred on the date stated above, at 6:30 P.m.

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

Toxic Thyroid
Acute Thyrotoxicosis
666
666
Other contributory causes of importance:

Name of operation Thyroidectomy Date of Oct 18
What test confirmed diagnosis? Specimen 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 , 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? No
If so, specify (Signed) Dr. J. S. Doolittle, M. D.
(Address) Columbia, Mo.

