

8583

APR 26 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County DadeRegistration District No. 237Township CentralPrimary Registration District No. 4144City Greenfield, Mo (No.)

St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.

(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

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFGeo. A. Alverson

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

Mar. 31, 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.721117

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Marion, Mo.
Mo.

FATHER

13. NAME

Philip Webber14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Denmark

MOTHER

15. MAIDEN NAME

Elizabeth Underwood16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Underwood

17. INFORMANT

(ADDRESS)

Mrs. P. O. Kennedy
Burg, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wetzel Cem.DATE Mar-19-1935

19. UNDERTAKER

(ADDRESS)

J. W. Ward
Greenfield, Mo.

20. FILED

4-61935Geo. L. Miller

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from

March 13, 1935, to March 28, 1935I last saw him alive on March 16, 1935 Death is saidto have occurred on the date stated above, at 2:40 a.m.

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

Senility

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) H. O. Cowan

M. D.

(Address) Greenfield, Mo.

