

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

Do not use this space.

26539

SEP 25 1935

**1. PLACE OF DEATH**

County Jackson Registration District No. 308  
 Township Kearney Primary Registration District No. 800  
 City Kearney (No. 70th & Poplar) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 2298

**2. FULL NAME**

Roy Lalley  
 (a) Residence, No. 1918 Poplar St. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Flossie Lalley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 23 - 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
32 4 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foundry  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time, years spent in this occupation \_\_\_\_\_

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

13. NAME Alfred Lalley

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

15. MAIDEN NAME Edna Yancy

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

17. INFORMANT (ADDRESS) Alfred Lalley

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Aug 22 - 35

19. UNDERTAKER (ADDRESS) McBergman

20. FILED 8-20 1935 M. M. Crowe, esq. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I, Deputy Coroner, that I attended deceased from \_\_\_\_\_, 19\_\_\_\_

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Automobile accident  
Fracture of the pelvis  
Rhegimental hemorrhage

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 (accident), fill in also the following: Accident, suicide, or homicide. Date of injury \_\_\_\_\_  
 Where did injury occur? 502 1/2 Poplar St. Kearney  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Blow on head  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

(Signed) [Signature], M. D.

(Address) [Signature]

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.

