

SEP 2 4 1935

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

Do not use this space.

27161

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1. PLACE OF DEATH
79 County New Madrid Registration District No. 111
Township Parleyes Primary Registration District No. 4
9 City Portageville (No. _____) St. _____ Ward _____

72. FULL NAME Sola Ruth Alley
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 14, 1932</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>3</u>	<u>4</u>	<u>23</u>	
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 occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dearville, Ind.</u>				
FATHER	13. NAME <u>Elus Frank Alley</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Todd County Ky.</u>			
MOTHER	15. MAIDEN NAME <u>Winifred Baren</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mound City Ill.</u>			
17. INFORMANT <u>Mrs Alley</u> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mounds Cemetery 8/18-35</u>				
19. UNDERTAKER <u>Mrs Payne</u> (ADDRESS) <u>Portageville Mo</u>				
20. FILED <u>Sept 3, 1935</u> <u>Tracy W. Cook</u> Registrar.				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/6, 1935 to only 35, 1935.
I last saw him alive on 8/6, 1935. 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:
Acute Myocardial fever
Date of onset _____

Other contributory causes of importance: 36

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) [Signature] M. D.
(Address) Portageville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

