

OCT 8 5 1935

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

Do not use this space.

30119

1. PLACE OF DEATH

County Meru
Township Marion
City Meru (No. _____)

Registration District No. 553
Primary Registration District No. 4325

File No. _____
Registered No. 10
St. _____ Ward _____

2. FULL NAME

Gary Elsworth Alley

(a) Residence, No. _____ 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 1 - 1935</u>		
7. AGE YEARS	MONTHS	DAY
	<u>1</u>	<u>24</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>✓</u>
	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) Meru Mo
(STATE OR COUNTRY)

13. NAME Elsworth Alley
14. BIRTHPLACE (CITY OR TOWN) Mo
(STATE OR COUNTRY)

15. MAIDEN NAME Eva Shroyer
16. BIRTHPLACE (CITY OR TOWN) Meru Mo
(STATE OR COUNTRY)

17. INFORMANT Mrs. Virgil Shroyer
(ADDRESS) Meru Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Alley DATE Sept 25 1935

19. UNDERTAKER Walt Moss
(ADDRESS) Princeton Mo

20. FILED Sept 25 1935 Mrs. Olie Davenport
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 25 1935, to Sept 25 1935

I last saw him alive on Sept 25 1935 Death is said

to have occurred on the date stated above, at 1:45 P.M.

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

Intestinal Obstruction Sept 24
malnutrition
Toxemia
Intussusception

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) O. H. Greener D. O.

(Address) Meru, Mo.

