

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

30186

78. PLACE OF DEATH

County MontgomeryRegistration District No. 595Township WellsvillePrimary Registration District No. 5791City Wellsville

(No. _____)

File No. 17Registered No. 17

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 5 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

Edith Alderson

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

Jan 12-1869

7. AGE

YEARS

MONTHS

DAYS

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

66817

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

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)

Mar 1-1930

11. Total time (years) spent in this occupation

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

Fayetteville West Virginia

13. NAME

Jesse Alderson

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

Fayetteville West Virginia

15. MAIDEN NAME

Virginia Dunbar

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

West Virginia

17. INFORMANT (ADDRESS)

Mrs. Willard Lehman Middletown Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Middletown MoDATE Sep-27-1935

19. UNDERTAKER (ADDRESS)

J. W. Kuhn Wellsville Mo

20. FILED

9/26 1935 Mrs. Mike McBurnett

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26 1935

22. I HEREBY CERTIFY, That I attended deceased from

April 4 1937 to Sept 26 1935I last saw him alive on Sept 21 1935 Death is saidto have occurred on the date stated above, at 2 A. m.

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

Chronic Interstitial Nephritis

Date of onset

3 yrs

Other contributory causes of importance:

Hemiplegia Jan 18-1935Name of operation None Date of _____What test confirmed diagnosis Microscopic 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)

A. A. Marsom M. D.

(Address)

Wellsville Mo

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.

