WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

NOV 21 1935

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

Do not use this space.

32627

File No. .....

Registered No. 32627

1. PLACE OF DEATH

County Jackson Registration District No. 399

Township K.C. Primary Registration District No. 1002

City K. C. Mo (No. Menorah Hosp St. Ward)

2. FULL NAME ~~[illegible]~~ Infant McAlester

(a) Residence, No. 6382 W. 59 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF ~~A. W. McAlester III~~

6. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 3 - 35

7. AGE — YEARS: — MONTHS: — DAYS: — If LESS than 1 day, 12 hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

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) Menorah Hospital

FATHER

13. NAME Andrew Walker McAlester III

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

MOTHER

15. MAIDEN NAME Sallie Adele Pendleton

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

17. INFORMANT (ADDRESS) A. W. McAlester 3d

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington DATE Oct 3, 19..

19. UNDERTAKER Ward Mitchell
(ADDRESS) Independence Mo.

20. FILED 10/3 1935 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-3, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-3, 1935, to 10-3, 1935
I last saw him alive on 10-3, 1935. Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
6 mo	

Other contributory causes of importance: ~~[illegible]~~

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) Byron G. Hamilton, M. D.
(Address) 110 Nor. 9th