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.

DEC 19 1935

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

Do not use this space.

35950

1. PLACE OF DEATH
County Jackson
Township
City Independence, (No. , St. Ward)
Registration District No. 398
Primary Registration District No. 3019
File No.
Registered No. 34

2. FULL NAME George William Alkire
(a) Residence, No. 301 E Short 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: Mrs Bertha Alkire
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 29 - 1884
7. AGE: YEARS 51, MONTHS 8, DAYS 27. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Custodian
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): near Atherton Mo.

FATHER
13. NAME: William D. Alkire
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Charles Co

MOTHER
15. MAIDEN NAME: Clementine West
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ray Co

17. INFORMANT (ADDRESS): Mrs Bertha Alkire 301 E Short St Indep Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Buckner Cem DATE: Nov. 28 1935
19. UNDERTAKER (ADDRESS): Ott + Mitchell Independence Mo
20. FILED 12-2-1935 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1935, to Nov 26, 1935
I last saw him alive on Nov. 26, 1935. Death is said to have occurred on the date stated above, at 7:30 a m.
The principal cause of death and related causes of importance were as follows:
Angina Pectoris

Date of onset 1933

Other contributory causes of importance:

Name of operation: none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

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) J C Hickerson, M. D.
(Address) Independence Mo