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

Do not use this space.

DEC 19 1935

36707

1. PLACE OF DEATH
County Mercer
Township Harion-Mercer
City (No. , St. Ward)

Registration District No. 553
Primary Registration District No. 4325
File No.
Registered No. 16

2. FULL NAME Don. L. Alley

(a) Residence, No. Mercer, Mo. St., Ward.
(Usual place of abode)
Length of residence in city or town where death occurred vicinity 71 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF, Griffin Alley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept, 1, 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	80	1	13	

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. Own farm

10. Date deceased last worked at this occupation (month and year) 1935. 11. Total time (years) spent in this occupation

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

FATHER
13. NAME Wm. B. Alley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Sarah Jane Coen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Dayton Alley Mercer Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Girdner cemeter DATE Nov. 6 35

19. UNDERTAKER (ADDRESS) O. O. Greenlee Lineville Iowa

20. FILED Nov 8. 1935 Mrs Abie Davenport Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1(?) 1934, to Nov 4 1935
I last saw h... alive on Nov 4 1935. Death is said to have occurred on the date stated above, at p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Regurgitation	Months
Other contributory causes of importance:	
Gall Stone Colic	11-3-35

Name of operation None Date of
What test confirmed diagnosis? 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? No
If so, specify
(Signed) O. Puckett, M. D.
(Address) Mercer 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.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD