

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

Do not use this space.

DEC 19 1935

36739

**1. PLACE OF DEATH**

County Mississippi  
Township Charleston  
City Charleston (No. \_\_\_\_\_)

Registration District No. 576  
Primary Registration District No. 5762

File No. \_\_\_\_\_  
Registered No. 144  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. APD # 3 St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode) \_\_\_\_\_ (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Alvey  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11, 1862  
7. AGE YEARS 73 MONTHS 1 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
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) Barky Indiana

13. NAME Lou Alvey

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Helma Viedt (ADDRESS) Wynath, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Cemetery DATE Nov. 13, 1935

19. UNDERTAKER Charles Taylor Funeral Service (ADDRESS) Charleston Mo.

20. FILED Nov 13<sup>th</sup> 1935 F. D. Verion Registrar.

**MEDICAL CERTIFICATE OF DEATH 9:45 P.M.**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 1935, to Nov. 2 1935

I last saw h. FR alive on Nov 12 1935 Death is said to have occurred on the date stated above, at 9:45 P.m.

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

Lobar pneumonia (Right) Date of onset 11/2/35  
100  
Smellity  
Other contributory causes of importance: \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Cl. Sigmoid 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 L. Chest pneumonia  
(Signed) E. C. Chest M. D.  
(Address) Charleston Mo

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.

