

DEC 3 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

36779

1. PLACE OF DEATH

County Montgomery
 Township Montgomery
 City (No., St., Ward)

Registration District No. 592
 Primary Registration District No. 5790

File No.
 Registered No. 36

2. FULL NAME John N. Alderson

(a) Residence, No. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 43 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 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 Maggie Alderson		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26 th 1863		
7. AGE 72	YEARS 9	MONTHS 17
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)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia		
13. NAME Louis Alderson		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia		
15. MAIDEN NAME Mary Woods		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia		
17. INFORMANT Mrs Jim Rodgers (ADDRESS) Montgomery City Mo		
18. BURIAL, CREMATION, OR REMOVAL PLACE Montg City C. DATE 11/15/35 19...		
19. UNDERTAKER C. W. Hopkins (ADDRESS) Montgomery City Mo		
20. FILED Nov. 10, 1935 Beull Memphis Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 13, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 1934** to **Nov. 13, 1935**
 I last saw him alive on **Nov. 9, 1935** Death is said to have occurred on the date stated above, at **10 P. M.**
 The principal cause of death and related causes of importance were as follows:
 1. **Myocarditis**
 2. **Valvular heart disease, Mitral insufficiency**
 3. **Arteriosclerosis**

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? **Physician** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?

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) **Beull Memphis**, M. D.
 (Address) **Montgomery City, 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.

