

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.

38282

1. PLACE OF DEATH

County Shelby
Township Black Creek
City Shelbyville (No. _____)

Registration District No. 831
Primary Registration District No. 4504

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Joseph Alpaugh
(a) Residence, No. Lafayette Florida 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. 9 ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margaret Alpaugh</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 28 - 1855</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>10</u>
	DAYS <u>5</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	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) <u>Canada</u>		
FATHER	13. NAME <u>John Alpaugh</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u>	
MOTHER	15. MAIDEN NAME <u>Eleanor McKee</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Utica N.Y.</u>	
17. INFORMANT (ADDRESS) <u>Mrs. M. Alpaugh</u> <u>Shelbyville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Louis, Mo.</u> DATE <u>Nov-16-1935</u>		
19. UNDERTAKER (ADDRESS) <u>E. P. Thompson</u> <u>Shelbyville, Mo.</u>		
20. FILED <u>Nov 15 1935</u> <u>P. Pearl Gae</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1935, to Nov 3, 1935

I last saw him alive on Nov 2, 1935. Death is said to have occurred on the date stated above, at 2:00 m.

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

Date of onset Oct 26

Other contributory causes of importance:
Arterio Sclerosis

Name of operation none Date of _____

What test confirmed diagnosis? none 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) P. C. Archer M. D.
(Address) Shelbyville Mo.

