FEB 13 1936

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

Do not use this space.

85

281

File No.

Registered No.

1. PLACE OF DEATH
County Buchanan, Registration District No. 10 L
Township Primary Registration District No.
City St. Joseph, (No. Sunny Slope Hospital, St. Ward)

2. FULL NAME Roy L. Alderman,
(a) Residence, No. 811 Highland Avenue St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 55 yrs. 11 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Lily A. Alderman,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb'y. 4, 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	55	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tanning Co.

10. Date deceased last worked at this occupation (month and year) January 1930

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Joseph, Missouri,

FATHER

13. NAME Mathew Alderman

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

MOTHER

15. MAIDEN NAME Unknown,

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

17. INFORMANT (ADDRESS) Mrs. Roy L. Alderman, 811 Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Jo. Mem. Oak's DATE Jany 21st 19 36

19. UNDERTAKER (ADDRESS) Heaton-Bryole-Bowman 519 So. 10th. St. Funeral Home

20. FILED 1-20- 1936 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jany 19th. 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6 1935, to Jan 19, 1936
I last saw him alive on Jan 18, 1936 Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T. B.	

Other contributory causes of importance:

Name of operation Laboratory Examination 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) A J Smith, M. D.
(Address) P. & S. Bldg

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