APR 16 1936

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

Do not use this space.

0789

1. PLACE OF DEATH

County Clay — Registration District No. 198 — File No.

Township ~~Fishing River~~ — Primary Registration District No. 3011 — Registered No.

City Excelsior Springs, Mo. (No. Veterans Administration Facility St. 3d Ward)

2. FULL NAME ALVERSON, Samuel Arthur

(a) Residence, No. Vets. Adm. Facility, Excelsior Springs, Mo. Ward Paris, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 14, 1890

7. AGE: Years 45 — Months 8 — Days 25 — If LESS than 1 day, ... hrs. or ..... min.

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. Unknown

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER

13. NAME: James Monroe Alverson (deceased)

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Mary J. Cooper,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): South Carolina

17. INFORMANT (ADDRESS): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Paris, Mo. DATE 3-10-36, 19

19. UNDERTAKER (ADDRESS): John C. Prather, Excelsior Spgs Mo

20. FILED 3-11-1936 Mrs. Rea McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1936, 19..., to March 10, 1936, 19...

I last saw him alive on March 10, 1936, 19... Death is said to have occurred on the date stated above, at 5:20 m AM

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

	Date of onset
Syphilis tertiary, cerebro-spinal	?

Other contributory causes of importance:

Name of operation none — Date of -- / No

What test confirmed diagnosis? Exam & Obs — Was there an autopsy? ~~Yes~~

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

(Signed) H. C. HARDEGREE, M.D. Clinical Director

(Address) Veterans Administration Facility Excelsior Springs, Missouri.

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.