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.

MAY 21 1936

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

Do not use this space.

14982

1. PLACE OF DEATH

County: Holt

Township: Minton

City: (No. , St. Ward)

Registration District No.: 947

Primary Registration District No.: 5512

File No.:

Registered No.: 172

2. FULL NAME: Samuel Gregg Alkire

(a) Residence, No. St., Ward.
(Usual place of abode)
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred: 60 yrs. mos. 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 11 1854

7. AGE: Years 82 Months 2 Days 12 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.:

10. Date deceased last worked at this occupation (month and year): April 22, 1936

11. Total time (years) spent in this occupation: 60 yrs.

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

FATHER

13. NAME: Henry F. Alkire

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

MOTHER

15. MAIDEN NAME: Anne Magill

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

17. INFORMANT (ADDRESS): Mrs. Margaret S. Alkire Orrigon Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest City Mo. DATE: April 26, 1936

19. UNDERTAKER (ADDRESS): Lester Pettijohn Orrigon Mo.

20. FILED: April 24, 1936, J. C. Tracy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1936, to April 23, 1936

I last saw h... alive on April 23, 1936. Death is said to have occurred on the date stated above, at ... m.

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

Pneumonia Lobar — Date of onset 4/20/36

Hot. PB 10.70

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

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) J. C. Thurman M. D.

(Address) Orrigon Mo