

DEC 4 1936

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

Do not use this space.

40208

1. PLACE OF DEATH

County North
Township Pleasant
City Franklin

Registration District No. 913
Primary Registration District No. 624

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

2. FULL NAME

Edward Lawrence Alderson
(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 29 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dessa Alderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 1 9

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) Oct. 1936 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Champaign Illinois

13. NAME Joseph Alderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Ada Peterson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Clarence Alderson (ADDRESS) Franklin City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Franklin City, Mo. DATE 10/25/36

19. UNDERTAKER Frank C. Dumble (ADDRESS) Franklin City, Mo.

20. FILED 11-9 19. 36 Edw. M. M. D. Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct-19, 1936, to Oct-24, 1936. I last saw him alive on Oct-24, 1936. Death is said to have occurred on the date stated above, at 10:00 a.m.

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

Acute Yellows Date of onset _____

Other contributory causes of importance: Influenza

Name of operation _____ Date of _____
What test confirmed diagnosis? Specimen submitted 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) E. M. M. D. M. D.
(Address) Franklin City, Mo.

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.

