

FEB 17 1937

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

Do not use this space.

1038

## 1. PLACE OF DEATH

County HarrisonRegistration District No. 334Township BethanyPrimary Registration District No. 4197City Bethany (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Richard Jean Alley

(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 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) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-22-19367. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
9 258. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Harrison Co  
(STATE OR COUNTRY) Missouri13. NAME Russell Alley14. BIRTHPLACE (CITY OR TOWN) Harrison Co  
(STATE OR COUNTRY) Mo15. MAIDEN NAME Evelyn Francis16. BIRTHPLACE (CITY OR TOWN) Bethany Mo  
(STATE OR COUNTRY)17. INFORMANT Russell Alley  
(ADDRESS) Bethany Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oakridge County DATE 1/18 193719. UNDERTAKER Frank J. Cannon  
(ADDRESS) Bethany Mo20. FILED 1-18 1937 R. H. Wessling  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-17- 193722. I HEREBY CERTIFY, That I attended deceased from Jan. 16 1937, to Jan. 17 1937I last saw h. lm alive on Jan. 17 1937 Death is saidto have occurred on the date stated above, at 8.30 a.m.

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

Acute Infectious oedema of Larynx Date of onset 1-15-37

Other contributory causes of importance: \_\_\_\_\_

Name of operation Tracheotomy Date of 1/16/37What test confirmed diagnosis? nil Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? L Date of injury L 1937Where did injury occur? L

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury LNature of injury L24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) W. F. Broyles M. D.(Address) Bethany Mo

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.

