

N. E.—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.

JUN 24 1937

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

Do not use this space.

File No. 20676

Registered No. 33

1. PLACE OF DEATH

County Merces

Registration District No. 556

Township 1

Primary Registration District No. 4328

City Princeton (No. 2)

St. 1 Ward 1

2. FULL NAME

Sarah Alley

(a) Residence, No. 1

St. 1

Ward 1

(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

Female

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widowed

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

Eph Alley deceased

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

May 15 1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

34

68

11

28

OCCUPATION

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

Housekeeper

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) (STATE OR COUNTRY)

Canada

FATHER

13. NAME

Patrick Kilmurry

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

Canada

MOTHER

15. MAIDEN NAME

Nancy Brodick

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

Ireland

17. INFORMANT (ADDRESS)

Glen Alley Princeton Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Princeton DATE May 1 1937

19. UNDERTAKER (ADDRESS)

Martin Funeral Home Princeton Mo

20. FILED 5-14 1937

J M Perry

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

May 13 1937

22. I HEREBY CERTIFY, That I attended deceased from May 13 1937 to May 13 1937

I last saw him alive on May 13 1937 Death is said to have occurred on the date stated above at 2:30 PM

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

Bronchial Asthma  
Cardiac asthma 1936

Other contributory causes of importance:

Hypertension  
Practical aortic insufficiency 1936

Name of operation Practical Date of 1936

What test confirmed diagnosis? Practical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 19 no

Where did injury occur? no (Specify city or town, county, and State)

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

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) J M Perry, M. D.  
5/14-37 (Address) Princeton Mo

