

JUN 24 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

20677

File No. \_\_\_\_\_  
Registered No. 35  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

## 1. PLACE OF DEATH

County Mercur  
Township Princeton  
City Princeton (No. \_\_\_\_\_)

Registration District No. 556  
Primary Registration District No. 4728

## 2. FULL NAME

Bernice Suzanne Alley  
(a) Residence. No. Princeton Mo 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

## MEDICAL CERTIFICATE OF DEATH

## 3. SEX

Female

## 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

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

Jan. 21, 1902

## 7. AGE

YEARS

MONTHS

DAYS

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

62

35

3

2

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

Mercur Mo

(STATE OR COUNTRY)

Mo.

## 10. NAME OF FATHER

Dayton Alley

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Ind.

(STATE OR COUNTRY)

## 12. MAIDEN NAME OF MOTHER

Lella Jane Lowry

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Mercur Mo.

(STATE OR COUNTRY)

## 14. INFORMANT

Mrs. George Alley

(Address)

Princeton Mo

## 15. FILED

5/25/37

J. M. Perry

REGISTRAR

## 16. DATE OF DEATH (MONTH, DAY AND YEAR)

April 23 1937

## 17.

I HEREBY CERTIFY, That I attended deceased from  
Apr 22 1937, to Apr 23 1937  
that I last saw him alive on Apr 23 1937, and that  
death occurred, on the date stated above, at 5:38 a.m.

## THE CAUSE OF DEATH WAS AS FOLLOWS:

Broncho Pneumonia  
fever - both lungs  
and acute dilatation of  
Heart (duration) yrs. mos. 2 ds.

## CONTRIBUTORY (SECONDARY)

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

Physical &amp; Lab.

(Signed) J. J. L. L.

M. D.

4/24, 1937 (Address) Princeton Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state  
(1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or  
HOMICIDAL.

## 19. PLACE OF BURIAL, CREMATION, OR REMOVAL

## DATE OF BURIAL

Mercur, Mo  
Alley Cemetery

4/25 1937

## 20. UNDERTAKER

O. O. Greenlee

## ADDRESS

Loneville La.

