

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.

JUN 24 1937

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

Do not use this space.

20749

1. PLACE OF DEATH

70 County Montgomery

Registration District No. 595

7 Township Wellsville

Primary Registration District No. 4353

6 City Wellsville

File No. 8

Registered No. 8

St. 1 Ward

2. FULL NAME

(a) Residence, No. Wellsville St. 1 Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 6 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

5A. IF MARRIED, WIDOWED, DIVORCED, OR SEPARATED, give name of HUSBAND OF (or) WIFE OF Lusson E. Alderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29-1888

7. AGE YEARS 48 MONTHS 6 DAYS 14 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Same

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) W. Virginia

13. NAME James Harvey Alderson

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

15. MAIDEN NAME Mary M. Taylor

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

17. INFORMANT Mrs. Anna Martin (ADDRESS) Wellsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wellsville DATE 5/16/37

19. UNDERTAKER Wellsville (ADDRESS) Wellsville, Mo.

20. FILED May 16, 1937 Mr. Mike McBurnett Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-13

22. I HEREBY CERTIFY That I attended deceased from Jan. 12, 1935 to May 13, 1937

I last saw him alive on May 14, 1937 Death is said

to have occurred on the date stated above, at 7:40 p.m.

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

Cerebral Hemorrhage Date of onset 5-13-37

Other contributory causes of importance: Anterior-Sclerotic

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) Dr. J. B. Byland M. D.

(Address) Wellsville

