OCT 18 1937

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

Do not use this space.

85

33646

File No. 949

Registered No.

1. PLACE OF DEATH

County: Buchanan

Registration District No.

Township

Primary Registration District No. 1001

City: St. Joseph (No. 802 South 24th. St. Ward)

2. FULL NAME Theodore Herman Alders

(a) Residence, No. 802 South 24th. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 13, 1862.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
75	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street Dep't.

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

10. Date deceased last worked at this occupation (month and year) 1935.

11. Total time (years) spent in this occupation 25 Yrs.

12. BIRTHPLACE (CITY OR TOWN) Weston
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Gerhardt Alders

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

MOTHER

15. MAIDEN NAME Katherine Felling

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

17. INFORMANT Mrs. Veronica Alders
(ADDRESS) 802 S.24th.Str. St.Joseph,Mo

18. BURIAL, CREMATION, OR REMOVAL Mt.Olivet Cemt.
PLACE St.Joseph,Mo. DATE 9-4 1937

19. UNDERTAKER H.O.Sidenfaden and Son
(ADDRESS) 1802 Union Str. St.Joseph,Mo.

20. FILED 9/3 1937 A J Nestman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1937 to Sept 1, 1937

I last saw him alive on Sept 1, 1937. Death is said to have occurred on the date stated above, at 9:45PM

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

	Date of onset
atrophy of liver	5 weeks
cirrhosis	10 yrs

Other contributory causes of importance: arteriosclerosis 4 yrs

Name of operation Date of

What test confirmed diagnosis? Clinical Were 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) Charles H Kenner M. D.

(Address) 321 Kirkpatrick Bldg

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.

1250

should be carefully supplied. AC

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

33646
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan Registration District No. 85-
(b) Township Primary Registration District No. 1001 Registered No. 949
(c) City St Joseph (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Theodore Herman Alden
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
75	7	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Sept 24 1937 H. Hutchison Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1 1937

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

atrophy of liver
cirrhosis

Date of onset

Other contributory causes of importance:

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) Chas H. Werner M. D.
(Address) 221 Kirkpatrick Bldg

SUPPLEMENTARY

12-4-13