

DEC 22 1938

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

10110
Do not use this space.

1. PLACE OF DEATH
 (a) County Reels Registration District No. 725
 (b) Township Center Primary Registration District No. 5956
 (c) City Center (d) Street No. _____ Registered No. _____
 (e) Length of residence in city or town where death occurred 50 If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME James Albert Alfard
 (a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) Sept 12 1857
 7. AGE YEARS 81 MONTHS 2 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc. Gen Work
 10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reels mo
 FATHER 13. NAME James Alfard
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo
 MOTHER 15. MAIDEN NAME Anna Lites
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo
 17. INFORMANT (NAME) E. L. Alfard
 (ADDRESS) Humboldt mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Center DATE Nov 26 38
 19. FUNERAL DIRECTOR (NAME) Julius Phelan
 (ADDRESS) Center
 20. FILED Nov 26 1938 Julius Phelan
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 24 1938
 22. I HEREBY CERTIFY, That I attended deceased from Nov 21 1938 to Nov 23 1938
 I last saw him alive on Nov 23 1938. Death is said to have occurred on the date stated above, at 5:40 pm.
 The principal cause of death and related causes of importance were as follows:
Myocardia (Acute) 11/20/38
 Date of onset
 Other contributory causes of importance: 93W
Unknown
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Ways Sm Was there an autopsy? N.O.
 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? N.O.
 If so, specify _____
 (Signed) C. H. Brooker M. D. O.
 (Address) Center, 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.

RECEIVED
DISTRICT HEALTH OFFICER NO. 10
DISTRICT OF COLUMBIA

RECEIVED

District Health Officer No. 10

District File Number 10-38-742

Date Filed 12/9/38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Willis R. Hull

, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Willis R. Hull

Licensed Embalmer No.

3356

P. O. Address

Quinton Hill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.