

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.

REC'D MAY 18 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Bethel
 Township Green Ridge
 City Green Ridge

Registration District No. 664Primary Registration District No. 4397File No. 15756Registered No. 7

2. FULL NAME

WILLIAM EDWARD ALDERMAN(a) Residence, No. Green Ridge, Mo.

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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, OR DIVORCED HUSBAND OF (OR) WIFE OF

Bell Alderman

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

Aug-25-1864

7. AGE

74

YEARS

MONTHS 7DAYS 6If LESS than 1 day, hrs. or min.

OCCUPATION

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

Farmer

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

26 1/2

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

Springfield Ill.

FATHER

13. NAME

James Alderman

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

unknown

MOTHER

15. MAIDEN NAME

Nancy Wilson

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

unknown

17. INFORMANT (ADDRESS)

Bell Alderman Green Ridge

18. BURIAL, CREMATION, OR REMOVAL

PLACE AntiochDATE 8-1-1939

19. UNDERTAKER (ADDRESS)

Ed Wilson

20. FILED

Apr 1 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-31, 193922. I HEREBY CERTIFY, That I attended deceased from Mar 26, 1939, to Mar 31, 1939I last saw him alive on Mar 31, 1939. Death is said to have occurred on the date stated above, at 11:40 A.M.

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

Hemiplegia (left)
sequel of cerebral hemorrhage

Date of onset

1934

Other contributory causes of importance:

influenza3/26/39Name of operation Date of What test confirmed diagnosis? clinical Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury , 19Where 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) H. A. Hite(Address) Green Ridge, Mo.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 3/3/39