

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.

Dr. Chapman
JAN 8 1939

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

44251
Do not use this space.

1. PLACE OF DEATH

(a) County Pemiscot Registration District No. 605
(b) Township Virginia Primary Registration District No. 5972
(c) City Pleasant Hill (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

(a) Residence, No. 416 Perry David Alford 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 M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie Alford
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1883
7. AGE YEARS 56 MONTHS 6 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

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. Farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Tennessee (STATE OR COUNTRY) Litton County

FATHER 13. NAME Tom Alford

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

MOTHER 15. MAIDEN NAME Martha Alford

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

17. INFORMANT (ADDRESS) Frank Alford

18. BURIAL, CREMATION, OR REMOVAL PLACE Little Prairie DATE 12/19 1939

19. FUNERAL DIRECTOR (NAME) Walt. Thomas (ADDRESS) _____

20. FILED 12/23 1939 L. J. Patterson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-18 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 11 1939, to 12-18 1939

I last saw him alive on 12-17 1939. Death is said to have occurred on the date stated above, at 8:00 A.M.
The principal cause of death and related causes of importance were as follows:

Heart Failure
from Coronary thrombosis

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) J. Chapman M. D.

(Address) St. Louis

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, or by.....

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

Signed Walter W. Day

Licensed Embalmer No. 4060

P. O. Address New Madrid Mo.

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.