

FILED OCT 18 1940

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

32636

Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 595
 (b) Township Rural Primary Registration District No. B791
 (c) City Rural (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 yes yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Margaret Evelyn Alderson St. 7th
Rural, Wellsville
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 6A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OR (OR) WIFE John M. Alderson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30, 1855
 7. AGE YEARS 85 MONTHS 5 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Affirm
 9. Industry or business in which work was done, as 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) Montgomery Co. Mo.13. NAME John E. Alderson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mirland15. MAIDEN NAME Mary Truett16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia17. INFORMANT (ADDRESS) David Alderson
Wellsville Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Refulwell DATE 9/29 194019. FUNERAL DIRECTOR (NAME) (ADDRESS) B. B. Miller
Wellsville Mo.20. FILED Sept 29, 1940 Mrs. Mike McDemmitt
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27, 194022. I HEREBY CERTIFY That I attended deceased from 6:11, 1940, to Sept 27, 1940. I last saw Sept 27, 1940 alive on Sept 27, 1940. Death is said to have occurred on the date stated above, at 5 P. m.

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

Chronic
Phosphorus
(Intoxication)
General
arteriosclerosis
131
 Other contributory causes of importance: _____

Name of operation None Date of _____
 What test confirmed diagnosis Biopsy 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) A. A. May
Wellsville Mo.
 (Address) 52

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12/24

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.....

Licensed Embalmer No.....

P. O. Address.....

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.