

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

Do not use this space.

37547

1. PLACE OF DEATH

County Jasper
Township Jasper
City Jasper

Registration District No. 4-11
Primary Registration District No. 2-12

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. John August Alford St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

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

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

Mrs Margaret Alford

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

June 24 1865

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

64

10

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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Farming

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Sweden

10. NAME OF FATHER

Frank Alford

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

England

12. MAIDEN NAME OF MOTHER

Susanna Day

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Sweden

14. INFORMANT

(Address)

Mrs Susanna Charlson
Jasper mo

15. FILED

4/25 1929 A Benson Clark

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-23-29

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1929 to Nov 22, 1929
that I last saw him alive on Nov 22, 1929 **and that death occurred, on the date stated above, at** 3:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tuberculosis
72 yr
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A Benson Clark, M. D.

11-25-29 (Address) Jasper mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Carl Jct Cem.

11/25-29
19

20. UNDERTAKER

ADDRESS

Hurlbut and Co Jasper 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.

