

NOV 16 1937

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

Do not use this space.

1. PLACE OF DEATH *Coole*  
County *Coole* Registration District No. *211*  
Township *Marion* Primary Registration District No. *5291*  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
2. FULL NAME *Cecil E. Alley*  
(a) Residence, No. *Centerstown R.F.D.* Sl. \_\_\_\_\_ Wards \_\_\_\_\_  
(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.

37470

File No. \_\_\_\_\_  
Registered No. *9*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *mal* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 20 - 1928*  
7. AGE YEARS *9* MONTHS *3* DAYS *25* If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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 \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *10/15* 1937  
22. HEREBY CERTIFY, That I attended deceased from *Aug* 1937, to *Oct 15* 1937  
I last saw him alive on *Oct 14* 1937. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:  
*Infantile Paralysis*  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: *16*  
*Pneumonia Bronc*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Coale Co.*  
13. NAME *Wm Allen*  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Texas Co. Mo*  
15. MAIDEN NAME *Mary Grutinger*  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Coale Co*  
17. INFORMANT (ADDRESS) *Mary Allen Centerstown Mo*  
18. BURIAL, CREMATION, OR REMOVAL PLACE *New Hope Cem* DATE *10/16* 1937  
19. UNDERTAKER (ADDRESS) *Hildner & Ford my ce Coale Mo*  
20. FILED *10/16* 1937 *H. T. Beach, M.D.* Registrar.

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) *W. Newford* M.D.  
(Address) *Joplin 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.

2  
N/L 1920 South