

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

Do not use this space.

11942

1. PLACE OF DEATH

County... Stoddard
Township... North
City... Dexter (No. St. Ward)

Registration District No. 4509
Primary Registration District No. 4509

File No.
Registered No. 15

2. FULL NAME

Alois Benjamin Singleton

(a) Residence. No. 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 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 Sarah L. Singleton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 19 1856

7. AGE 71 YEARS MONTHS 7 DAYS 3 IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer-retired
(b) General nature of industry, business, or establishment in which employed (or employer) common labor
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Stoddard Co Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER OK

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) OK

12. MAIDEN NAME OF MOTHER Rebecca Ann Tuttle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Presley Singleton
(Address) Dexter Mo

15. FILED 3/22 1928 F. Labree REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 22 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 18 1928 to Mar 22 1928 that I last saw him alive on Mar 18 1928, and that death occurred, on the date stated above, at 1 11 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

ITB
11B
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: At home

DID AN OPERATION PRECEDE DEATH: NO DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS: Phys Diag

(Signed) W. C. Dickinson, M. D.
, 19 (Address) Dexter 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

Rowdy graveyard 3-23 1928

20. UNDERTAKER ADDRESS

C. O. Biggs Dexter 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.

50 1928

