

OCT 24 1938

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

Do not use this space.

1. PLACE OF DEATH

County **Lewis**  
Township  
City **Canton** (No. ...., St. .... Ward)

Registration District No. **477**  
Primary Registration District No. **H 286**

File No. **32631**  
Registered No. **59**

2. FULL NAME **William Isaac Alderton**

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Rebecca Ferguson**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 19, 1868**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**69 10 0**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Cabinet Maker**

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) **Sept. 17, 1938** 11. Total time (years) spent in this occupation **12 yrs**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Lewis County Missouri**

13. NAME **Thomas Alderton**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

15. MAIDEN NAME **Margaret Gregg**

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

17. INFORMANT **Mrs Margaret Raney** (ADDRESS) **Canton Missouri**

18. BURIAL, CREMATION, OR REMOVAL-- PLACE **Canton, Mo.** DATE **Sept. 21, 1938**

19. UNDERTAKER **Earl H. Barkley** (ADDRESS) **Canton, Missouri**

20. FILED **Sept. 20 1938** **H. W. Harris** Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 19, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 19**, 19**38**, to **Sept 19**, 19**38**. I last saw him alive on **Sept 19**, 19**38**. Death is said to have occurred on the date stated above, at **8:A**.m. The principal cause of death and related causes of importance were as follows:

**Coronary Thrombosis**  
Date of onset  
**44 1/2**

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) **[Signature]** M.D.  
**Canton, Mo.** (Address)

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 10-38-267

Date Filed 10-5-38