

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

34691
 Do not use this space.

1. PLACE OF DEATH **3**
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. Concourse, Gladstone & St. John Registered No. 4027
 (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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 416 Freeman Alford
 (a) Residence, No. 506 Gladstone St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Mary Alford</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 21, 1891</u>				
7. AGE	YEARS <u>47</u>	MONTHS <u>3</u>	DAYS <u>23</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Insurance</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN): <u>Lexington, Missouri</u> (STATE OR COUNTRY)				
FATHER	13. NAME <u>Robert Alford</u>			
	14. BIRTHPLACE (CITY OR TOWN): <u>No Record</u> (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>Florence Barrows</u>			
	16. BIRTHPLACE (CITY OR TOWN): <u>Kentucky</u> (STATE OR COUNTRY)			
17. INFORMANT <u>Mrs. Mary Alford</u> (ADDRESS) <u>506 Gladstone</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Meriah</u> DATE <u>Oct. 17, 1938</u>				
19. FUNERAL DIRECTOR (NAME): <u>Quirk & Tobin Co.</u> (ADDRESS) <u>Kansas City, Mo.</u>				
20. FILED <u>Oct 16 1938 M M. Crowe</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>10-14-38</u> 19
22. I HEREBY CERTIFY That I attended deceased from _____, 19.....	
I last saw him live on _____, 19..... Death is said to have occurred on the date stated above, at <u>10:15 A.M.</u>	
The principal cause of death and related causes of importance were as follows: <u>Shot wound of head</u> <u>167</u>	
Other contributory causes of importance:	
Name of operation	Date of _____
What test confirmed diagnosis?	Was there an autopsy? <u>Yes</u>
23. If death was due to external causes (trauma), fill in also the following: Accident, suicide, or homicide <u>suicide</u> Date of injury <u>10-14-38</u> Where did injury occur? <u>at home</u> (specify city, town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury <u>suicide</u> Nature of injury <u>shot wound of head at Concourse</u>	
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>Frederick H. Subler</u> M. D. (Address) <u>Georgetown, N. P. Mo.</u>	

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

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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.