MAY 27 1927

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

Do not use this space.

11429

1. PLACE OF DEATH
County Greene — Registration District No. 318
Township — Primary Registration District No. 200
City Springfield (No. 915 E. Garfield St. Ward)

File No.
Registered No. 233

2. FULL NAME Raymond Roy Alexander
(a) Residence. No. 915 E Garfield 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: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 3-1927

7. AGE: Years — Months: 3 — Days: 9 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Springfield
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Ed. Alexander
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Fizzie Everly
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Mo

14. INFORMANT: Ed. Alexander
(Address): Springfield

15. FILED 4/11, 1927 — [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4/11 1927

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to after death, that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 4 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremic Convulsions

128 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (cause unknown)

(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) Jewell E. Windle coroner
4/11, 1927 (Address) 534 St Louis St.

*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: Mt Comfort SEMETERY — DATE OF BURIAL: Apr 12 1927

20. UNDERTAKER: Alma Lohmeyer Funeral Home — ADDRESS

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.