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

Do not use this space.

24548

File No. .....
Registered No. .....

1. PLACE OF DEATH
County: Jackson
Township: Main
City: Kansas City (No. 1520 Brooklyn St. ..... Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME: John C. Alexander
(a) Residence: No. 1520 Brooklyn St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 40 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 23 1861

7. AGE: Years 65 | Months 10 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Boone
(STATE OR COUNTRY): Iowa

PARENTS
10. NAME OF FATHER: Robert Alexander
11. BIRTHPLACE OF FATHER (CITY OR TOWN): No record
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: No record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): No record
(STATE OR COUNTRY)

14. INFORMANT: E. C. Taylor
(Address): 1520 Brooklyn

15. FILED 8/30 1927 M. M. Crowe
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): 8/29 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 20 1927 to Aug 28 1927 that I last saw him alive on Aug 28 1927, and that death occurred, on the date stated above, at 4:35 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia of Lung
11A
109A (duration) yrs. mos. 8 days

CONTRIBUTORY (SECONDARY): Influenza
(duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED at 1520 Brooklyn Ave
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No Date of .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Sputum du pcr pc
(Signed) G. D. Reese, M. D
8/30 1927 (Address) 7700 E. 15th 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: Forest Hill
DATE OF BURIAL: Aug 30 1927

20. UNDERTAKER: Mrs. C. L. Forster
ADDRESS: City

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.

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD

2700