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

Do not use this space.

37251

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 PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No.

Township Primary Registration District No. 2002 Registered No. 586

City Joplin Mo. (No. St. Ward)

2. FULL NAME Wilburn Alex Alexander

(a) Residence. No. St Johns Hosp St. Ward. (If nonresident give city or town and State)

(Usual place of abode)

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	16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 13 1927
4. COLOR OR RACE: Wh.	17. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1927, to Dec 13, 1927
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single	that I last saw h... alive on Dec 13, 1927, and that death occurred, on the date stated above, at 3 P m.
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	THE CAUSE OF DEATH* WAS AS FOLLOWS: Typhoid fever
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11-1909	(duration) yrs. mos. 14 ds.
7. AGE: Years 18, Months 5, Days 2; If LESS than 1 day, ...hrs. or ...min.	CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work: Laborer	18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓
(b) General nature of industry, business, or establishment in which employed (or employer): Shell Pipe Line Co.	DID AN OPERATION PRECEDE DEATH? ✓ DATE OF ✓
(c) Name of employer: Roxana Oil Co.	WAS THERE AN AUTOPSY? ✓
9. BIRTHPLACE (CITY OR TOWN) Prague (STATE OR COUNTRY) Okla	WHAT TEST CONFIRMED DIAGNOSIS?
10. NAME OF FATHER: Lewis C Alexander	(Signed) R. Mitchell Longy, M. D.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Grayson Co. (STATE OR COUNTRY) Texas	12/13, 1927 (Address) Joplin Mo
12. MAIDEN NAME OF MOTHER: Ruth Forrest	*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.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Texas Co. (STATE OR COUNTRY) Missouri	
14. INFORMANT: Lewis C Alexander (Address) Prague Okla	19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Prague Okla — DATE OF BURIAL: Dec 15 1927
15. FILED 12/13, 1927 Dr R. Benson Clark, REGISTRAR	20. UNDERTAKER: Frank-Sievers Co — ADDRESS: Joplin Mo

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