

23 1928

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

7841

1. PLACE OF DEATH

County Buchanan Registration District No. 85 File No. 1001
 Township Washington Primary Registration District No. 1001 Registered No. 276
 City St. Joseph (No. 1123 South 8th St. Ward)

2. FULL NAME

Betty Maxine Alexander
 (a) Residence. No. 1123 South 8th 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 Female 4. COLOR OR RACE White 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) March 3 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 8 hrs. or 25 min.
0 0 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Frank Alexander

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Marionville
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Betty Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Joseph
 (STATE OR COUNTRY) Missouri

14. INFORMANT Mr. Frank Alexander15. ADDRESS 1123 South 8th St.

FILED 1928 REGISTRAR John G. Webb

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 3 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 3rd, 1928, to Mar 3rd, 1928, that I last saw her alive on Mar 3rd, 1928, and that death occurred, on the date stated above, at 2:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prismatic Pert.
159 (duration) yrs. mos. ds.
 CONTRIBUTORY 161A (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED:

IF NOT AT PLACE OF DEATH:

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. E. Gray, M. D.

Mar 3rd, 1928 (Address) St. Joseph, Mo.

*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

DATE OF BURIAL

Ashland Cemetery March 5 1928
 20. UNDERTAKER E. R. Sidenfaden ADDRESS 602 So. 16th

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.

