

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 55

Township St. Joseph Mo.

Primary Registration District No. 1001

City St. Joseph Mo.

(No. 1314 South 6th Street.)

File No. 7866

Registered No. 307

St. Ward

2. FULL NAME John David Alexander.

(a) Residence. No. 1314 South 6th Street. St. Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. da.

15 yrs.

mos.

da.

How long in U.S., if of foreign birth? 15 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married.

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

Lucy E. Alexander

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 2, 1862

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

66

1

7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Common Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Dublin

(STATE OR COUNTRY)

Ireland.

10. NAME OF FATHER

Unknown.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.

(STATE OR COUNTRY)

Unknown.

12. MAIDEN NAME OF MOTHER

Unknown.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown.

(STATE OR COUNTRY)

Unknown.

14.

INFORMANT

Mrs. Lucy E. Alexander.

Address

1314 South 6th St.

15.

FILED

10

1928

John G. W.

REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 9 19 28

17.

I HEREBY CERTIFY, That I attended deceased from

March 9, 1928, to 19

(that I last saw him alive on March 9, 1928, and that death occurred, on the date stated above, at 3:40 p.m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Dr. Wm. J. Kestary

3 / 10 / 28 (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

Mount Auburn Cemetery

20. UNDERTAKER

H. O. Sweeney

Mar 12 19 28

ADDRESS

1802 Union St.

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.

