

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

Do not use this space.

14095

PLACE OF DEATH

County Miller
Township Richwoods
City Richwoods (No.)

Registration District No. 562
Primary Registration District No. 5757

File No.
Registered No.
St. Ward

2. FULL NAME

Ben Alexander

(a) Residence. No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? 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 Myrtle Alexander
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-6-1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
39 6 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Miller
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER J. J. Alexander

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

12. MAIDEN NAME OF MOTHER Elizabeth Wells

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

14. INFORMANT Richard Atwill
(Address) Hancock Mo

15. FILED May 10 1928 W. G. Van Krenp
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 22 1928

17. I HEREBY CERTIFY That I attended deceased from Apr. 9 1928 to Apr. 22 1928
that I last saw him alive on Apr. 22 1928, and that death occurred, on the date stated above, at 4:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

11th Broncho-Pneumonia
107A
(duration) yrs. mos. 6 da.

CONTRIBUTORY Influenza
(SECONDARY) (duration) yrs. mos. 14 da.

18. WHERE WAS DISEASE CONTRACTED 11th
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) W. G. Van Krenp, M. D.
Apr. 23 1928 (Address) Iberia 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 Albion Springs DATE OF BURIAL Apr. 23 1928

20. UNDERTAKER CHAS. ZENST BROS. 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.

OCT 10 1957