

27 1928

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.

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

Do not use this space.

22738

1. PLACE OF DEATH *Saline*
County.....*Saline* Registration District No.....*799*
Township.....*Coalbridge* Primary Registration District No.....*479*
City.....*Slater* (No.)..... St.....*Mo.* Ward.....
2. FULL NAME *Sarah Margaret Alexander*
(a) Residence. No..... 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) *married*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Edwin Alexander*
6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Jan-23-1855*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 4 25
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *Housewife*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) *Arrow Rock* (STATE OR COUNTRY) *Mo*
10. NAME OF FATHER *Elisha Angel*
11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Am Va* (STATE OR COUNTRY) *Wash DC*
12. MAIDEN NAME OF MOTHER *Margaret Robertson*
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Saline Mo* (STATE OR COUNTRY) *Don't know Mo*

PARENTS

14. INFORMANT *E. T. Alexander* (Address) *Slater Mo.*
15. FILED *650 35 W. M. T. M. H.* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 18 1928*
17. I HEREBY CERTIFY That I attended deceased from *June 18 1928* to *June 18 1928* that I last saw him alive on *June 18 1928*, and that death occurred, on the date stated above, at *7:30 P. M.*
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Disease of Heart
92A
(duration) *8* yrs. mos. ds.
CONTRIBUTORY (SECONDARY) *90A* (duration) *8* yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY.....
WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) *Edw. Alexander, M. D.*
19 (Address) *Slater 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 *Slater City Cemetery* DATE OF BURIAL *June 24 1928*
20. UNDERTAKER *James Salzen* ADDRESS *Slater Mo*

