

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.

23381

1. PLACE OF DEATH

County Dade  
Township S. Morgan  
City Dade State (No. ....)

Registration District No. 235  
Primary Registration District No. 4142

File No. ....  
Registered No. 5  
St. .... Ward)

2. FULL NAME

Elwana A. Alexander

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed (write the word)

5A. ~~IF MARRIED, WIDOWED OR DIVORCED~~  
HUSBAND OF Wife of J. M. Alexander.  
(or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3 - 1843

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
85 | 0 | 0

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER George Morris

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

12. MAIDEN NAME OF MOTHER Dont know

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

14. INFORMANT H. E. Alexander  
(Address) Doddeville Mo

15. July 7, 1928 Morris Miller  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) July 3 1928

17. I HEREBY CERTIFY That I attended deceased from June 13, 1928, to July 3, 1928 that I last saw him July 2 alive on July 2, 1928 and that death occurred, on the date stated above, July 3 3:00 P m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Impacted fracture of neck of femur (Peculiar)  
194B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ..... (duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) T. J. Driscoll M. D.  
, 19 (Address) Doddeville 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 Rice Cem. DATE OF BURIAL July 4 1928

20. UNDERTAKER Mayer ADDRESS Doddeville Mo

