

JAN. 21 1929

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

Do not use this space.

39597

1. PLACE OF DEATH

County.....Buchanan

Registration District No.....86

Township.....Muskegon

Primary Registration District No.....5127

City.....St. Joseph

(No. Kirchners Addition)

File No.....

Registered No.....97

St.....

Ward.....

2. FULL NAME Martin Alexun

(a) Residence. No.....R. R. #7

St.....

Ward.....

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 22 yrs.

mos.

da.

How long in U.S., if of foreign birth? 22 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 10, 1843

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

85

0

9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work Retired Farmer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Russia

(STATE OR COUNTRY)

Poland

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown

(STATE OR COUNTRY)

Russia

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

Josephine James

(Address)

R.R. #7

15.

FILED

Jan 21 1929

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 19 1928

17.

I HEREBY CERTIFY That I attended deceased from Dec 8 - Dec 19, 1928
that I last saw him alive on Dec 8, 1928 and that
death occurred, on the date stated above, at 4:40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
131
162 / 290
162 / 290
162 / 290

CONTRIBUTORY

(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed)

John J. Tucker, M. D.
12-20-28 (Address) St Joseph Ind

*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

Mt. Olivet Cemetery

Dec. 22 19 28

20. UNDERTAKER

ADDRESS

H.C. Sidenfaden

1802 Union St.

