B 2 1 1929

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

Do not use this space.

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1. PLACE OF DEATH
County Butler — Registration District No. 89 — File No.
Township Poplar Bluff — Primary Registration District No. 3007 — Registered No. 12
City Poplar Bluff (No. ..... St. ..... Ward)

2. FULL NAME Theba Ann Alexander
(a) Residence. No. 628 No 9th 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):
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 21 1928
7. AGE — YEARS: — MONTHS: 11 — DAYS: 26 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Poplar Bluff
(STATE OR COUNTRY) Butler Co Mo
PARENTS
10. NAME OF FATHER James W Alexander
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Butler Co Mo
12. MAIDEN NAME OF MOTHER Jake Taylor Jan 18, 1929
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Arkansas
14. INFORMANT James W Alexander
(Address) Poplar Bluff, Mo
15. FILED 1/18, 1929 Dr B J Olive REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 17 1929
17. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1929, to Jan 17, 1929 that I last saw her alive on Jan 17, 1929, and that death occurred, on the date stated above, at 2 P.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Bronchitis
(duration) yrs. mos. 6 ds.
CONTRIBUTORY (SECONDARY) Otitis Media
(duration) yrs. 11 mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Alfred Stowe, M. D
(Address) Poplar Bluff 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: City Cem — DATE OF BURIAL: Jan 18 1925
20. UNDERTAKER: N T Phelps — ADDRESS: Poplar Bluff Mo

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.