B 22 1929

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

Do not use this space.

2085

49 0 0

1. PLACE OF DEATH

County Jasper — Registration District No. 417

Township Joplin — Primary Registration District No. 556120

City St. B.C. Hospital (No. ..... St. ..... Ward)

File No. .....

Registered No. 8

2. FULL NAME Miss Bertha Alexander

(a) Residence. No. ..... St., ... Ward. Webb City

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ..... da. How long in U.S., if of foreign birth? yrs. ..... mos. ..... da.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 27 1910

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	18	1	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student

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

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Keitzy Mo

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER A.J. Alexander

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Dora Frazer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown

(STATE OR COUNTRY)

14. INFORMANT Records

(Address) .....

15. FILED 1/10, 1929 R. M. Stormont REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 7 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1928, to Jan 7, 1929 that I last saw h. alive on Jan 7, 1929, and that death occurred, on the date stated above, at 1:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

23A

2.5 (duration) yrs. 10 mos. ..... da.

CONTRIBUTORY (SECONDARY) Tuberculous Laryngitis and Cavitero-Caseis (duration) yrs. 4 mos. ..... da.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No. Sputum

WHAT TEST CONFIRMED DIAGNOSIS? Positive Sputum

(Signed) Jesse E. Douglass, M. D

1/7, 1929 (Address) Webb City.

*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 Peace Church Cem. — DATE OF BURIAL 1/10 1929

20. UNDERTAKER STEELE UND. CO. WEBB — ADDRESS CITY 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.

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