

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

Do not use this space.

5724

1. PLACE OF DEATH

County Cape Girardeau
Township 1
City 1

Registration District No. 125
Precinct Registration District No. 3009
(No. St. Ma Hospital)

File No. _____
Registered No. 35
St. _____ Ward _____

2. FULL NAME Franklin Alexander

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

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

single

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

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

June 25, 1922

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

6

7

9

8. OCCUPATION OF DECEASED

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

school boy

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Marble Hill Mo

10. NAME OF FATHER

Claude Alexander

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Lodge Mo

12. MAIDEN NAME OF MOTHER

Elsie Thompson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Haven Kansas

14.

INFORMANT

(Address)

Mr. Claude Alexander

Marble Hill Mo

15.

FILED

2/5/29 W. Kaempfe

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

2/4

1929

17.

I HEREBY CERTIFY, That I attended deceased from _____

_____ to _____, 1929, and that I last saw him alive on _____, 1929, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Thrombosis
Myocardial Infarction
Right Ventricle Failure
(duration) _____ yrs. _____ mos. 3 ds.

CONTRIBUTORY (SECONDARY)

2/1/29 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

Marshall

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

IF YES, THE ANATOMY - Thoracic Operation

WHAT TEST CONFIRMED DIAGNOSIS? Pathology

(Signed) John H. Alexander M.D.

, 19 2 (Address) Cape Girardeau, 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

St. Francis Creek

DATE OF BURIAL

Feb 6 1929

20. UNDERTAKER

Walther Und. Co

ADDRESS

Cape Girardeau Mo

A. 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.

