

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

Do not use this space.

9089

1. PLACE OF DEATH
 County Dalaine Registration District No. 796
 Township Marshall Primary Registration District No. 3038
 City Marshall (No. _____ St. _____ Ward _____)

2. FULL NAME Garnett James Alexander Jr.
 (a) Residence. No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED \$
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 10 - 1929
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 1 3
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Infant
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 13 1929
 17. I HEREBY CERTIFY, That I attended deceased from 2/12, 1929, to 2/13, 1929 that I last saw him alive on 2/12, 1929 and that death occurred, on the date stated above, at 3:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial pneumonia
107H
No Measles or whooping cough
preceded (duration) yrs. mos. ds. 2

CONTRIBUTORY (SECONDARY) 107H (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) A. H. [Signature], M. D.

(Address) Marshall 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.

9. BIRTHPLACE (CITY OR TOWN) Marshall (STATE OR COUNTRY) Mo.
 10. NAME OF FATHER Garnett J. Alexander
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo. (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Josephine Thompson
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo. (STATE OR COUNTRY)
 14. INFORMANT Garnett Thompson (Address) Marshall, Mo.
 15. FILED 2-18, 1929 Mrs. John H. McGuire REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cow Creek Cem. DATE OF BURIAL Feb. 14 1929
 20. UNDERTAKER L. R. Vandiver ADDRESS Marshall 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.
 MAR 27 1929

