

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

Do not use this space.

10379

1. PLACE OF DEATH

County Harrison

Registration District No. 334

File No. 489

Township Bethany (No. 195)

Primary Registration District No. 4197

Registered No. _____ St. _____ Ward _____

2. FULL NAME

Thomas Marion Alexander

(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

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

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Catherine Alexander

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 8, 1845

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	83	4	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Sherr Co
(STATE OR COUNTRY) Tenn.

10. NAME OF FATHER Thomas Alexander

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Terron
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't Know
(STATE OR COUNTRY) _____

14. INFORMANT Mary Catherine Alexander
(Address) Bethany Mo

15. FILED 410 19. 29 W J Harned
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 23 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 8, 1929, to Mar 23, 1929.
That I last saw him alive on Mar 23, 1929, and that death occurred, on the date stated above, at 2:20 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
9 years on Jan 10-1929
Complicated with Rheumatism
fractured by heart attack
thrombosis
CONTRIBUTORY (SECONDARY) fracture in leg
fracture of leg

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH, _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) J. H. [Signature], M. D.
Mar 23, 1929 (Address) Bethany 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 Miriam Cemetery DATE OF BURIAL Mar. 24 1929

20. UNDERTAKER S. M. Z. [Signature] ADDRESS Bethany 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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2
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