

MAY 28 1929

N. B.—Every item of information 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.

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

Do not use this space.

15429

1. PLACE OF DEATH

County Montgomery
Township " "
City Bueller Missouri (No.)

Registration District No. 572
Primary Registration District No. 5790

File No. 27
Registered No.
St. Ward)

2. FULL NAME William 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 5 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10th 1842

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or min.
86 II 4

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)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Scotland

10. NAME OF FATHER Un Known

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Un Known

12. MAIDEN NAME OF MOTHER Un Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Un Known

14. INFORMANT William J. Hanson
(Address) Bueller Missouri

15. FILED 5/10 1929 J. B. Bentley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/14/29 19

17. HEREBY CERTIFY, That I attended deceased from Apr 1, 1929, to Apr 14, 1929, that I last saw him alive on Apr 13, 1929, and that death occurred, on the date stated above, at 1:00 AM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

107A
Bones.
Pericardial Pneumonia
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Age

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) J. C. Bellamy, M. D.
19 (Address) Wellsville 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 Gamma Cemetery DATE OF BURIAL 4/15/29 19

20. UNDERTAKER C. J. Hopkins Montgomery ADDRESS City MO

