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

Do not use this space.

15574

1. PLACE OF DEATH
County Pettis Registration District No. 673
Township Heathcoats Primary Registration District No. 6-8-96
City (No. , St. , Ward)
File No.
Registered No.

2. FULL NAME Nellie Francis 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: Female
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: John Alexander

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 10-27-190[illegible]

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	23	5	4	

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

9. BIRTHPLACE (CITY OR TOWN): Longwood Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER: H. B. Walk
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Marshall
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Lydia Cravens
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Longwood
(STATE OR COUNTRY): Mo

14. INFORMANT: Hall Alexander
(Address): Longwood Mo

15. FILED: April 6 1929 Mrs. E. J. Leftwich, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4-3 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar. 6 1929 to April 3 1929 that I last saw h.e alive on Apr. 3 1929 and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Exhaustion of Heart following an attack of Influenza
11 B
9-11 Days (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Confined Mar 6. 1929
(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) J. D. Powell, M. D
, 19 (Address) Longwood 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: Miller Cemetery — DATE OF BURIAL: 4-4 1929
20. UNDERTAKER: W. C. Whitbeck — ADDRESS: Houstonia

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.