

27 1929

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

Do not use this space.

19019

1. PLACE OF DEATH

County.....*St. Louis*
 Township.....*Sidalia*
 City..... (No.) St. Ward)

Registration District No.....*668*
 Primary Registration District No.....*5889*

File No.....
 Registered No.....*162*

2. FULL NAME

A. Ball 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 *7* yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Mo* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widower*

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

Jessie Alexander

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Jul 26 - 1887*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
92 *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)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Marion, Mo*
 (STATE OR COUNTRY) *U. S.*

10. NAME OF FATHER *Leah Schaefer*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *East St Louis*
 (STATE OR COUNTRY) *U. S.*

12. MAIDEN NAME OF MOTHER *Leah Schaefer*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *East St Louis*
 (STATE OR COUNTRY) *U. S.*

14. INFORMANT *B. F. Parnes*
 (Address) *La Monte Mo*

15. FILED *5-17-1929* *J. L. Love*
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 11 1929*

17. I HEREBY CERTIFY That I attended deceased from *May 5*, 19*29*, to *May 11*, 19*29*, that I last saw him alive on *May 8*, 19*29*, and that death occurred, on the date stated above, at *8 A.*

THE CAUSE OF DEATH*, WAS AS FOLLOWS:

Diabetes Mellitus

CONTRIBUTORY (SECONDARY) *Myocardial Rupture Degeneration*

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? *Anal*

(Signed) *THE PRALER*, M. D.

, 19 (Address) *La Monte 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 DATE OF BURIAL

La Monte Mo *May 13 1929*

20. UNDERTAKER *B. F. Parnes* ADDRESS *La Monte Mo*

