

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

Do not use this space.

1. PLACE OF DEATH

County Scuyler Co.
Township Hampton
City Downing

Registration District No. 802
Primary Registration District No. 4481

File No. 39337
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Rachel E. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

Jack Alexander

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

Feb 2, 1849

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>80</u>	<u>8</u>	<u>25</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Scotland Co. Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

Joseph Grames

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Virginia Eifer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14. INFORMANT

O. R. Grames
Downing

15. REGISTRAR

J. B. Bridges
Downing

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 27 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1929, to Nov. 26, 1929.
that I last saw him alive on Nov. 26, 1929, and that death occurred, on the date stated above, at 7 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart Failure following
Acute Indigestion
425
118C

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. E. Grimes, M. D.

, 19 (Address) Downing 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

Richland cemetery

11/29/29

20. UNDERTAKER

ADDRESS

W. H. Payne & Sons Memphis

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.

CAUSE OF DEATH - Very item.

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S-39337