

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

Do not use this space.

2037

1. PLACE OF DEATH

County Missouri
Township Leavenworth
City St. Louis (No. _____) St. _____ Ward _____

Registration District No. 664
Primary Registration District No. 5805

File No. _____
Registered No. _____

2. FULL NAME Clayton Alexander

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-23-1921

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. or min.
8 2 7

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER E. Alexander

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

12. MAIDEN NAME OF MOTHER Eloise

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

14. INFORMANT Louis Alexander
(Address) Portsmouth, Mo

15. FILED 2/2 1930 J. M. Bauman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-29 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1929, to Oct 29, 1929, that I last saw him alive on Oct 29, 1929, and that death occurred, on the date stated above, at Portsmouth, Mo.
THE CAUSE OF DEATH* WAS AS FOLLOWS:

Don't know.
Don't know.
Probably Pertussis (duration) yrs. mos. ds.
Pertussis

CONTRIBUTORY (SECONDARY) 9 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) L. W. Smith, M. D.

9/10, 1930 (Address) Portsmouth, 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.

20. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Portsmouth Cemetery 1/30 1930

20. UNDERTAKER W. M. Payne ADDRESS Portsmouth, Mo

