MAR 28 1930

102

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

Do not use this space.

7395

7392

1. PLACE OF DEATH
County Shelby
Township Black Creek
City Shelbyville (No. ... St. ... Ward)

Registration District No. 831
Primary Registration District No. 4504
File No. 7392
Registered No.

2. FULL NAME Millie Velma 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: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo Alexander

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 30, 1887

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
42	8	20	

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) Shelby Co Mo.

PARENTS

10. NAME OF FATHER Austin Lewis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co. Mo.
12. MAIDEN NAME OF MOTHER Rose Maguire
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ste Kune Co. Mo.

14. INFORMANT Rose Lewis
(Address) Shelbyville Mo.

15. FILED Feb 21 30 Emfrette Haverlon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 19 1930

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1929, to Feb 19, 1930 that I last saw her alive on Feb 2, 1930 and that death occurred, on the date stated above, at 4:00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Syphilis

(duration) 7 yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) ... (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? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) P. G. Archer, M. D

2-20, 1930 (Address) Shelbyville, 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 I.O.O.F. Cemetery

DATE OF BURIAL Feb. 21 1930

20. UNDERTAKER J H Thompson Son

ADDRESS Shelbyville Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.