

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.

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

Do not use this space.

19810

1. PLACE OF DEATH

County *Jessie*
Township *Joplin*
City *Joplin* (No. *St. John Hospital*)

Registration District No. *411*

Primary Registration District No. *2007*

File No. _____

Registered No. _____

St. _____ Ward) _____

2. FULL NAME

Lydia Nora Alexander
(a) Residence. No. *E 7th St.* St. _____ Ward. *Galena Kan*
(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 *W.* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec 8 - 1896*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
33 6 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Clerk*
(b) General nature of industry, business, or establishment in which employed (or employer) *Clothing Store*
(c) Name of employer *Father*

9. BIRTHPLACE (CITY OR TOWN) *Kansas City*
(STATE OR COUNTRY) *Mos.*

10. NAME OF FATHER *Mark Alexander*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Berlin*
(STATE OR COUNTRY) *Prussia*

12. MAIDEN NAME OF MOTHER *Nora Martin*

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

14. INFORMANT *Mrs. John Allen*
(Address) *Kansas City Kan.*

15. FILED *6/28 1931* *A. Benton Clark*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 26 1931*

17. I HEREBY CERTIFY, That I attended deceased from *1925*
_____, 19____, to *June 26*, 19____
that I last saw him alive on *June 25*, 19____, and that
death occurred, on the date stated above, at *2 P. M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Encephalitis secondary
1276
1927
783
(duration) yrs. _____ mos. *10* ds.
CONTRIBUTORY *Epilepsy, Gall Bladder, renal*
(SECONDARY) *about 6 weeks ago*
(duration) ? yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? *no* DATE OF *about May 15-30*
WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Autopsy*
(Signed) _____, M. D.

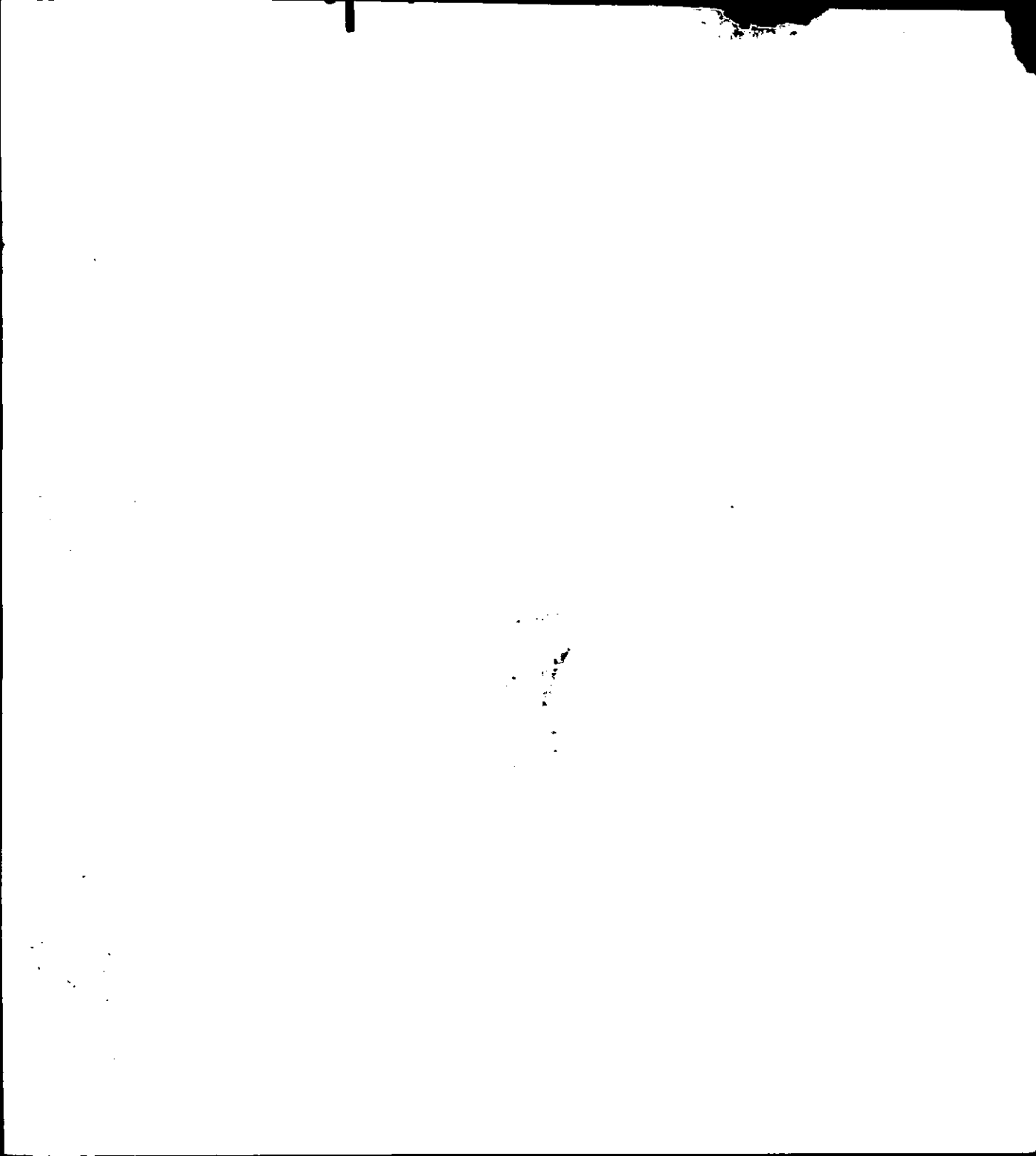
June 26 1930 (Address) *Galena Kan.*

*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 *27-30*

Mrs. Hope *June 28 1930*

20. UNDERTAKER *Borce Mnd. Co.* ADDRESS *Galena Kan.*



cated by check marks, lacking from the death certificate:

Name: Lydia Nora Alexander
Who died at: Joplin, Mo. on June 26, 1930,
Residence: No. _____ St. _____

(If nonresident, city or town)

Length of residence in city or
town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Encephalitis (secondary)

Contributory: Epilepsy - Gall Bladder

removal. Gall Bladder Colic

Where was disease contracted? and general disease

Did operation precede death? yes Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____

S-19810