

N. E.—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.

19818

File No. \_\_\_\_\_  
Registered No. 79  
St. \_\_\_\_\_ Ward)

1. PLACE OF DEATH

County Jasper  
Township \_\_\_\_\_  
City Webb City, Mo. (No. \_\_\_\_\_)

Registration District No. 417  
Primary Registration District No. 3021

2. FULL NAME

Frank Alexander  
(a) Residence, No. 118 N. Main St., 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

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Mrs Margaret Alexander

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

May 1, 1874

7. AGE

YEARS 56

MONTHS

1

DAYS

16

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED

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

Miner

(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)

Oronogo Mo.

10. NAME OF FATHER

J. E. Alexander

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

Linn Co. Kansas

12. MAIDEN NAME OF MOTHER

Mary Cowan

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

Cherokee Co. Kansas

14.

INFORMANT

Mrs Margaret Alexander  
(Address) Webb City, Mo.

15.

FILED

6/30 1930

R. M. Stormont

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 17 1930

17.

I HEREBY CERTIFY, That I attended deceased from March 20, 1930, to June 15, 1930, that I last saw him alive on June 15, 1930, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Valvular Heart Disease

92A

(duration) 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? DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. W. Waggoner, M. D.

. 19 (Address) Webb City, 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

Oronogo

June 18 1930

20. UNDERTAKER

Steele Und Co. Webb City Mo.

