

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.

NOV 22 1930

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

Do not use this space.

32539

1. PLACE OF DEATH

County DunklinRegistration District No. 289

File No. _____

Township _____

Primary Registration District No. 4173Registered No. 58City Malden, Mo.

(No. _____ St. _____ Ward)

2. FULL NAME

Charley Palmer Alexandria

(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

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)Minnie K. Alexandria6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-11-1887

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, _____ hrs.

or _____ min.

421021

8. OCCUPATION OF DECEASED

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

Railway Clerk

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

Checking Freight

(c) Name of employer

St. L. & S.W. Ry. Co.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Dunklin - Mo.

10. NAME OF FATHER

Frank Alexandria

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ry.

12. MAIDEN NAME OF MOTHER

Angeline Benson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14.

INFORMANT

(Address)

Ethel Wagoner (Sister)
Malden Mo.

15.

FILED

10/3 1930St. Mitchell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct-2 193017. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1930, to Oct 2, 1930, that I last saw him alive on Oct 2, 1930, and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Abscess of the lungs
1218
1118A(duration) yrs. 2 mos. 28 ds.

CONTRIBUTORY

(SECONDARY)

Suppurative Appendicitis(duration) yrs. 2 mos. 28 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

at homeDID AN OPERATION PRECEDE DEATH? Yes DATE OF July 8-1930WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

George H. Nelson, M. D.10-3, 1930 (Address) 209 Beckwith Malden 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

Malden Mo Oct 5 1930

20. UNDERTAKER

ADDRESS

H. L. Craig
Malden, Mo

