

NOV 28 1930

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

Do not use this space.

35052

1. PLACE OF DEATH

County Saline  
Township Salt Fork  
City Napton, Mo. (No. ....) St. .... Ward)

Registration District No. 798  
Primary Registration District No. 6042

File No. ....  
Registered No. ....

2. FULL NAME

James 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

4. COLOR OR RACE

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

male white married

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

Mary Alexander

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

Jan. 17, 1855

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. .... min.

75

9

13

8. OCCUPATION OF DECEASED

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

Ret. Farmer

(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)

Tyrone, Ireland

10. NAME OF FATHER

John Alexander

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

Ireland

12. MAIDEN NAME OF MOTHER

Rose Campbell

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

Ireland

14.

INFORMANT (Address)

Claude Hinton  
Napton Mo.

15.

FILED

11/5/30 Mrs. Hall Williams

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 30 19 30

17.

I HEREBY CERTIFY, That I attended deceased from Oct 17 19 30 to Oct 30 19 30 that I last saw him alive on Oct 30 19 30 and that death occurred, on the date stated above, at 10:30 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Senile pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY)

Prostatic enlargement  
Complication (duration) yrs. mos. 10 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) R. W. Stuffer, M. D.

, 19 (Address) Napton 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

Smith Chapel Oct 31 19 30

20. UNDERTAKER

ADDRESS

J. L. Sweeney Marshall Mo.

