

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.

4669

1. PLACE OF DEATH

County Buchanan

Registration District No. 35

Township St. Joseph,

Primary Registration District No. 1901

City St. Joseph,

(No. 2627 Olive

File No.

Registered No. 190

St. Ward)

2. FULL NAME Jefferson Archibald Alexander,

(a) Residence. No. 2627 Olive, St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 43 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

Lotta Alexander,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 26 th. 1855

7. AGE

YEARS

MONTHS

DAYS

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

75

2

22

8. OCCUPATION OF DECEASED

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

Retired, 165

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

Grocer & Carpenter

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Lizton,

(STATE OR COUNTRY)

Indiana, 2

10. NAME OF FATHER James Alexander,

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown,

(STATE OR COUNTRY)

Kentucky,

12. MAIDEN NAME OF MOTHER Amanda Weaver,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown,

(STATE OR COUNTRY)

Indiana,

14. INFORMANT

Mrs. J. A. Alexander

(Address)

2627 Olive Street,

15. FILED

19

1931

John K. Bender

REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 18 th. 1931

17.

I HEREBY CERTIFY, That I attended deceased from Feb. 12

1931 to Feb. 18, 1931, and that I last saw him alive on Feb. 18, 1931, and that death occurred, on the date stated above, at 7:00 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Influenza 131

113

137

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Interstitial Nephritis, Encephalopathy

Prostatic Hypertrophy (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0151 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) John K. Bender, M. D.

Feb. 19, 1931 (Address) 845 So 1900 St. J. 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

Cem.

St. Joseph Memorial Park

DATE OF BURIAL

Feb. 20, 1931.

20. UNDERTAKER

Heaton - Be Gale - Bowman

ADDRESS

319 S. 10 St.

General Home

