

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

Do not use this space.

22132

1. PLACE OF DEATH

County Miller
Township Saline
City Olean

Registration District No. 561
Primary Registration District No. 5755

File No. _____
Registered No. 63

2. FULL NAME

(a) Residence, No. _____ 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)

Lawrence Kenneth Alexander

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 1931
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 1/2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Olean Mo

13. NAME Herbert Alexander
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Co Mo

15. MAIDEN NAME Lennie Hale
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

17. INFORMANT (ADDRESS) Herbert Alexander Olean Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Allen Cemetery DATE 6-27 1931

19. UNDERTAKER (ADDRESS) Disposed of by Father

20. FILED 6-27 1931 Belk Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from June 25, 1931, to June 26, 1931.
I last saw him alive on 25, 1931. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

79A
Cerebral meningitis Date of onset 6/25/31

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) G. D. Walker, M. D.
(Address) Olean Mo.

