

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.

AUG 26 1931

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

Do not use this space.

24732

1. PLACE OF DEATH

County PlatteRegistration District No. 312Township FredericksonPrimary Registration District No. 4188City King City (No. Wagon)

File No. _____

Registered No. 15

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. King City

St. _____

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs.

mos. _____

How long in U. S., if of foreign birth? _____

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.

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

Widowed

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

Kate Alexander

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

Sept. 19 - 1850

7. AGE

80

YEARS

MONTHS

9

DAYS

17

If LESS than 1

day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Retired painter

10. Date deceased last worked at this occupation (month and year)

Platt Co. Mo.

11. Total time (years) spent in this occupation

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

Platt Co. Mo.

FATHER

MOTHER

13. NAME

Nelson Alexander

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Georgia

15. MAIDEN NAME

Lacey Vaughn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

17. INFORMANT (ADDRESS)

Mrs. Walter Mathis

18. BURIAL, CREMATION, OR REMOVAL

Platt Co. Mo.

19. UNDERTAKER (ADDRESS)

King City, Mo.

20. FILED

July 80, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 6 - 1931

22. I HEREBY CERTIFY, That I deceased

After death

I last saw _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 11:00 a.m.

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

Hanging self withhalf inch rope placedabout neck, chokinghimself to death or strangulation.

Other contributory causes of importance:

Ill health for sometime165

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

suicide, or ~~suicide~~ ? Suicide Date of injury July 6, 1931

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? Yes

If so, specify _____

(Signed) S. D. Hardie Coroner(Address) Albany, Mo.

