

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

SEP 22 1931

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

Do not use this space.

27854

**1. PLACE OF DEATH**

County Cooper Registration District No. 724  
 Township Prairie Home Primary Registration District No. 5305  
 City Prairie Home (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 17

**2. FULL NAME**

Ora Frances 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>C. M. Alexander</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 13 1878</u>				
7. AGE	YEARS <u>53</u>	MONTHS <u>2</u>	DAYS <u>27</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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. <u>Housewife</u>			
	10. Date deceased last worked at this occupation (month and year) <u>Aug. 10, 1931</u>		11. Total time (years) spent in this occupation _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jamestown, Mo.</u>			
	13. NAME <u>D. B. Moore</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jamestown, Mo.</u>			
	15. MAIDEN NAME <u>Mary E. Hudson</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jamestown, Mo.</u>			
	17. INFORMANT <u>Georgia Lee Alexander</u> (ADDRESS) <u>Prairie Home, Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walnut Grove</u> DATE <u>Aug 11</u> 19 <u>31</u>				
19. UNDERTAKER <u>G. A. Hornback</u> (ADDRESS) <u>Prairie Home, Mo.</u>				
20. FILED <u>Aug 11</u> 19 <u>31</u> <u>A. L. Meredith</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 23 1929 to Aug 9 1931.  
 I last saw him alive on Aug 9 1931. Death is said to have occurred on the date stated above, at 4 P.  
 The principal cause of death and related causes of importance were as follows:  
Cor Valvular Disease  
of Heart about 24 yrs  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
None

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:  
 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) A. L. Meredith, M. D.  
 (Address) Prairie Home Mo

