

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.

43065

1. PLACE OF DEATH

County Saline
Township Salt Fork
City _____ (No. _____)

Registration District No. 798
Primary Registration District No. 6041

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mrs James Alexander
(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)

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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>James Alexander</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 4, 1860</u>		
7. AGE <u>71</u>	YEARS <u>6</u>	MONTHS <u>13</u>
DAYS <u>13</u>		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Housekeeper</u>
	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) Louisville, Ky.
(STATE OR COUNTRY)

13. NAME John Thomas
14. BIRTHPLACE (CITY OR TOWN) Louisville, Ky.
(STATE OR COUNTRY)

15. MAIDEN NAME Jane Thomas
16. BIRTHPLACE (CITY OR TOWN) Louisville, Ky.
(STATE OR COUNTRY)

17. INFORMANT Married Alexander
(ADDRESS) Nelson, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Smith Chapel DATE Dec. 15 U.S.

19. UNDERTAKER J. L. Surrency
(ADDRESS)

20. FILED 12/20/31 Mr. Hall Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1931, to Dec 13, 1931
I last saw her alive on Dec 12, 1931 Death is said to have occurred on the date stated above, at 6 A.M.
The principal cause of death and related causes of importance were as follows:
Date of onset

Branchial pneumonia
100%
Other contributory causes of importance:
100%

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) R. W. Stupper, M. D.
(Address) Raytown Mo.

