

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.

876

1. PLACE OF DEATH

County Howard.
Township Stonewall.
City Fayette, (No. St. Ward)

Registration District No. 7727
Primary Registration District No. 622-7222

File No.
Registered No. 378

2. FULL NAME Mary Eliza 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 Female. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) I / 9 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
72 # II

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) Missouri.

13. NAME James Bradley. Missouri.

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

15. MAIDEN NAME Eleanor Blanton.

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

17. INFORMANT (ADDRESS) Swel Alexander. Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Smith Chapel. DATE 1/22/1930

19. UNDERTAKER (ADDRESS) Guy T. Halley. Fayette, Mo.

20. FILED 1-22-1932 W. L. Rankin Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) I / 20 / 32 19

I HEREBY CERTIFY, That I attended deceased from June 1927 to Jan 20, 1932
I last saw him alive on Jan 19, 1932. Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

Myocarditis
1927
71 B
1932
Pericarditis
1932
1930

Name of operation none Date of
What test confirmed diagnosis? Phys. findings 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) W. J. Shaw, M. D.
(Address) Fayette, Mo.

