Dr. Pearl

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

Do not use this space.

3408

PLACE OF DEATH
County Scott
Township Richland
City Sikeston (No. , St. Ward)

Registration District No. 821
Primary Registration District No. 4553

File No. 15
Registered No.

FEB 25 1932

2. FULL NAME John B Alexander

(a) Residence, No. (Usual place of abode) St., Ward.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12 1928

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	3	7	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) New Madrid Co Mo

FATHER
13. NAME Chas Alexander
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Ollie Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott Co Mo

17. INFORMANT (ADDRESS) Warren Miller Sikeston Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sikeston Mo DATE Jan 16 1932

19. UNDERTAKER (ADDRESS) H Wilson Sikeston Mo

20. FILED 2/9/32 Walter Ellis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1932, to Jan 15 1932
I last saw him alive on Jan 15 1932. Death is said to have occurred on the date stated above, at 1.245 a.m. a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet fever	
Other contributory causes of importance:	

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) G W Oseall, M. D.
(Address) Sikeston Mo

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.