

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

Do not use this space.

3408

PLACE OF DEATH

County Scott
Township Rockland
City Sikeston (No. 4553)

Registration District No. 821
Primary Registration District No. 15

File No. 15
Registered No. 15
St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. John B. Alexander St. Mo. Ward 1

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12 1923

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

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

13. NAME Chas Alexander

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

15. MAIDEN NAME Ellie Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott Co Mo

17. INFORMANT (ADDRESS) Warrin Miller Sikeston Mo

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

19. UNDERTAKER (ADDRESS) H. J. Smith Sikeston Mo

20. FILED 2/9/32 REGISTRAR W. H. Brown

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15 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 124.5 a.m.
The principal cause of death and related causes of importance were as follows:

Scarlet fever
Other contributory causes of importance:
8

Name of operation 8 Date of 8
What test confirmed diagnosis? 8 Was there an autopsy? 8

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 8 Date of injury 8

Where did injury occur? 8 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 8
Nature of injury 8

24. Was disease or injury in any way related to occupation of deceased? 8
If so, specify 8

(Signed) W. H. Brown M. D.
(Address) Sikeston Mo

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