

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.

APR 28 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

5750

1. PLACE OF DEATH
 85 County Greene Registration District No. 711
 Township Union Primary Registration District No. 5940
 City _____ (No. _____ St. _____ Ward _____)

2. FULL NAME Charles Sherman 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>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-17-1931</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>4</u>	<u>20</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</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) (STATE OR COUNTRY) <u>Mo</u> <u>1</u>		
FATHER	13. NAME <u>unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>11</u> <u>21</u>	
MOTHER	15. MAIDEN NAME <u>Sara Brittain</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u> <u>1</u>	
17. INFORMANT <u>Adrian Brittain</u> (ADDRESS) <u>Dixon mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dixon</u> DATE <u>3/8</u> <u>1932</u>		
19. UNDERTAKER <u>Frederick Beckers</u> (ADDRESS) <u>Dixon mo</u>		
20. FILED <u>3-8-</u> <u>1932</u> <u>A. S. Lick</u>		

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1932 to Feb 7 1932
 I last saw him alive on Feb 7 1932. Death is said to have occurred on the date stated above, at 5 P. m.
 The principal cause of death and related causes of importance were as follows:
Typhoid fever of 34 days and
ruined 34
 Other contributory causes of importance:
34

Name of operation _____ Date of _____
 What test confirmed diagnosis? None Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? 0 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) S. J. Sherman M. D.
 (Address) Dixon Mo

