

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 27 1932

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

Do not use this space.

8834 *L*

1. PLACE OF DEATH
 48 County Jackson Registration District No. 401
 Township Van Buren Primary Registration District No. 5856
 City Lone Jack (No. Phillips Farm) St. _____ Ward _____

2. FULL NAME Thomas T. Alexander
 (a) Residence, No. _____ St. _____ Ward. Kingsville Mo.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-6-1904

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>27</u>	<u>3</u>	<u>28</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming

10. Date deceased last worked at this occupation (month and year) Dec. 9, 1931 11. Total time (years) spent in this occupation Wife

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson County Missouri

FATHER

13. NAME David W. Alexander

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson County Missouri

MOTHER

15. MAIDEN NAME Laura Bell Banes

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

17. INFORMANT Robt. C. Alexander
(ADDRESS) Pleasant Hill, Mo.

18. BURIAL, CREMATION, OR REMOVAL Reed Cemetery DATE 3-18-1932
PLACE Near Strasburg, Mo.

19. UNDERTAKER W. W. RYON
(ADDRESS) Pleasant Hill, Mo.

20. FILED April 15, 1932 Mrs. Carl Hawn
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Don't know 1932

22. I HEREBY CERTIFY, That I attended deceased from (DEPUTY CORONER) _____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

1932
Fractured Skull
(Right Temporal)

Other contributory causes of importance: 1941 B

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

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? now
(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 D

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) [Signature] M. D.
 (Address) Independence, Mo.

