

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

Do not use this space.

8868

**1. PLACE OF DEATH**

County Jasper  
Township Marion  
City Carthage (No. \_\_\_\_\_)

Registration District No. 408  
Primary Registration District No. 5562

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Morgan Heights St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
(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 <u>Female</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>March 23, 1932</u>		
7. AGE <u>Premature</u>	YEARS MONTHS DAYS	If LESS than 1 day, _____ hrs. or <u>30</u> min.
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) <u>Carthage, Missouri</u>		
13. NAME <u>Lewis Alexander</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carthage, Missouri</u>		
15. MAIDEN NAME <u>Margaret Smith</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carthage, Missouri</u>		
17. INFORMANT (ADDRESS) <u>Lewis Alexander, Carthage, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bark Cemetery</u> DATE <u>Mar. 24, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Knell Mortuary, Carthage, Missouri</u>		
20. FILED <u>Apr 24, 1932 C. H. Fitcham Registrar</u>		

**MEDICAL CERTIFICATE OF DEATH**

1. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1932

2. I HEREBY CERTIFY, That I attended deceased from Mar 23, 1932 to Mar 23, 1932  
I last saw him alive on Mar 23, 1932 Death is said to have occurred on the date stated above, at 4 A. m.  
The principal cause of death and related causes of importance were as follows:  
Premature Birth 6 months.  
159  
Other contributory causes of importance: ✓ 159 10  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? none 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? no  
If so, specify \_\_\_\_\_  
(Signed) George H. Wood, M. D.  
(Address) Carthage, Mo.

WHITE PAPER, 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

