

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

Do not use this space.

9170

File No. 114
Registered No. 4
St. _____ Ward _____

1. PLACE OF DEATH

60 County McDonald Registration District No. 963
Township Elk River Primary Registration District No. 5692
City Noel Mo Route #1 (No. _____) St. _____ Ward _____

2. FULL NAME Jennie Stewart Aalexander

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 4th 1860

7. AGE YEARS 71 MONTHS 4 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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

10. Date deceased last worked at this occupation (month and year) 5 Years 11. Total time (years) spent in this occupation 45 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg Pennsylvania

13. NAME Alexander Steward

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

15. MAIDEN NAME Isabel Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT F. M. Alexander
(ADDRESS) Southwest City Mo R#1

18. BURIAL, CREMATION, OR REMOVAL PLACE Southwest City Mo DATE Mar 30th 1932

19. UNDERTAKER NICHOLS BROS.
(ADDRESS) Southwest City, Mo.

20. FILED Apr 21, 1932 J. L. Minton M.D.
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29th 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 4, 1932, to Mar 29, 1932
I last saw her alive on Feb 29, 1932 Death is said to have occurred on the date stated above, at 5.00 P.M.

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

Chronic Myocarditis
131 930
131
Chronic Nephritis

Other contributory causes of importance:

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? _____ 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) Sam Long, M. D.

(Address) Spring Springs Ark

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 26 1932

