

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.

MAY 23 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

11558

1. PLACE OF DEATH

County Bates
 Township Spence
 City (No.)

Registration District No. 366
 Primary Registration District No. 3091

File No. 6
 Registered No.
 St. Ward

2. FULL NAME

Mrs. Lulu Alexander.

(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 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>Married.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>E. C. Alexander</u> (OR) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 1, 1890</u>		
7. AGE <u>42</u>	YEARS <u>1</u>	MONTHS <u>28</u>
DAYS <u>28</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>Domestic</u>	11. Total time (years) spent in this occupation <u>entire life</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>	
	10. Date deceased last worked at this occupation (month and year) <u> </u>	

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

13. NAME Thomas A. Strode.

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

15. MAIDEN NAME Nora E. Perkins

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

17. INFORMANT Matthew Evans
(ADDRESS) Butler Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Johnston Cemetery DATE April 29, 1932

19. UNDERTAKER Frank Lenarts
(ADDRESS) Montrose Mo.

20. FILED Apr 30, 19 Grace A. Odneal
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1931 to April 28, 1932

I last saw her alive on April 14, 1932 Death is said

to have occurred on the date stated above, at 69 m.

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

Date of onset

Carcinoma

Carcinoma & liver metastases

Other contributory causes of importance:

Carcinoma

Name of operation H&C Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) Charles H. Lester, M. D.

(Address) Butler, Mo.

