

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

25140

1. PLACE OF DEATH

County Sullivan
 Township Jackson
 City Near Pollock Mo (No. _____)

Registration District No. 852Primary Registration District No. 6124

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

Unnamed 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 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3/327. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 9

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) Near Pollock Sullivan Co Mo13. NAME R. J. Alexander14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co. Mo15. MAIDEN NAME Velda Yardley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co Mo17. INFORMANT (ADDRESS) R. J. Alexander Pollock Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Campbell Cem. DATE July 13 '3219. UNDERTAKER (ADDRESS) C. Schoene Milan Mo20. FILED 8/5 37 Mayme Calfee

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 193222. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to July 3, 1932

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 3 P. M.

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

Date of onset

Principally birth
159 159
 Other contributory causes of importance:
Don't know
9
1

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? _____

If so, specify _____

(Signed) J. C. Roberts(Address) Pollock, Mo.

M. D.

AUG 27 1932

$$\begin{array}{r} 14 \\ 16 \\ \hline 30 \end{array}$$