

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

Dr. Upshaw
Do not use this space.

29018

1. PLACE OF DEATH
 39 County *Greene* Registration District No. *518*
 3 Township *Springfield* Primary Registration District No. *209*
 0 City *Springfield* No. *Box 115* St. _____ Ward _____
 2. FULL NAME *Infant son of Mr and Mrs R. C. Alexander*
 (a) Residence, No. *1609 Penn Ave* 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) _____
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Infant*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 24-1932*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0 0 0 0

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) *Springfield, Mo*

13. NAME *R. C. Alexander*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Liberty, Mo*

15. MAIDEN NAME *Metchen Vaughn*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo*

17. INFORMANT *R. C. Alexander*
 (ADDRESS) *1609 Penn Ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Memorial* DATE *Sept 25 1932*

19. UNDERTAKER *Thomas Robinson*
 (ADDRESS) *Springfield, Mo*

20. FILED *9-26-1932* *Ralph W. Shaw*
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept. 24th 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Sept. 24th 1932*, to *Sept. 24th 1932*
 I last saw him alive on *Sept. 24th 1932*. Death is said to have occurred on the date stated above, at *11:30 a.m.*

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

Premature Birth - foetus of six months - lived 17 1/2 hrs.
 Other contributory causes of importance: *159*

Name of operation *no* 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? *No*
 If so, specify _____
 (Signed) *Paul Upshaw, M.D.*, M. D.
 (Address) *Medical Bldg, Springfield, Mo.*

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.

OCI 26 1932

