

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.

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

Do not use this space.

36409

1. PLACE OF DEATH
65 County Mercer Registration District No. 556
2. Township Morgan Primary Registration District No. 4528
2 City Princeton (No. _____) St. _____ Ward _____
9 1932 FULL NAME Henry H. 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 14 1845</u>				
7. AGE YEARS <u>87</u>	MONTHS <u>6</u>	DAYS <u>21</u>	IF LESS than 1 day, _____ hrs. or _____ min.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>				
PARENTS	10. NAME OF FATHER <u>John Alexander</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>			
	12. MAIDEN NAME OF MOTHER <u>Moss</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>			
14. INFORMANT <u>Mrs. A. A. McKee</u> (Address) <u>Princeton, Mo.</u>				
15. FILED <u>11/7, 1932</u> <u>JM Parry</u> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH	
4	
16. DATE OF DEATH (MONTH, DAY AND YEAR) <u>Nov. 6 1932</u>	
17. I HEREBY CERTIFY, That I attended deceased from <u>Oct 28</u> , 19 <u>32</u> to <u>Nov 6</u> , 19 <u>32</u> that I last saw him alive on <u>Nov 6</u> , 19 <u>32</u> , and that death occurred, on the date stated above, at <u>6 p.</u> m.	
THE CAUSE OF DEATH* WAS AS FOLLOWS: 1. <u>Pneumonia, lobar, rt & left lower lobes.</u> 2. <u>Valvular heart disease, Chronic - mitral & aortic insuff.</u> (duration) yrs. mos. ds. CONTRIBUTORY <u>Suffocative edema</u> (SECONDARY) <u>of lungs</u> (duration) yrs. mos. ds. <u>108</u>	
18. WHERE WAS DISEASE CONTRACTED <u>108 11/13</u> IF NOT AT PLACE OF DEATH	
DID AN OPERATION PRECEDE DEATH? <u>No</u> DATE OF _____	
WAS THERE AN AUTOPSY? <u>No</u>	
WHAT TEST CONFIRMED DIAGNOSIS? <u>Phys findings</u> (Signed) <u>A. S. Britton</u> M. D. <u>11/7, 1932</u> (Address) <u>Princeton, Mo.</u>	
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Summerfield Cemetery</u>	DATE OF BURIAL <u>Nov 7 1932</u>
20. UNDERTAKER <u>Noel Moss</u>	ADDRESS <u>Princeton Missouri</u>

