

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

Do not use this space.

1. PLACE OF DEATH
 111 County Wayne Registration District No. 892
 3 Township W. Williams Primary Registration District No. 4541
 1 City Williamsville (Not) St. _____ Ward _____
 2. FULL NAME Mrs. Sarah 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bill Alexander
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1854
 7. AGE YEARS 78 MONTHS 10 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.
 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. retired
 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) Ky. 2
 13. NAME Mary Hopkins
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
 15. MAIDEN NAME Will Alexander
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.
 17. INFORMANT (ADDRESS) Mrs. A. E. Graff
 18. BURIAL, CREMATION, OR REMOVAL PLACE Halladay Cem DATE Dec. 29, 1932
 19. UNDERTAKER (ADDRESS) None
 20. FILED Dec. 29, 1932 Mr. Hattie McGhee Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28, 1932
 22. I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1932 to Dec. 25, 1932
 I last saw him alive on Dec. 25, 1932 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
87A neuralgia in her
87A sides
 Other contributory causes of importance _____
 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?
 If so, specify _____
 (Signed) O. Meyer, M. D.
 (Address) Greenville

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 27 1933

