

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

State Hospital #2.

St.

Ward)

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

40 yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Bernice Alexander

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Mar, 4, 1892

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

40

10

17

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Painter

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)

Oct, 1929

11. Total time (years) spent in this occupation

Unknown

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

Amur St. Joseph, Mo.

FATHER

13. NAME

Unknown Frank S. Alexander

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

Unknown Germany

MOTHER

15. MAIDEN NAME

Not Known Martha Vey

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

Not Known Germany

17. INFORMANT (ADDRESS)

State Hospital Records Mrs. Martha Travis 1408 Blake St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mt. Olivet Cemetery

DATE

Jan, 23, 1938

19. UNDERTAKER (ADDRESS)

Halter Melinheffer 1308 T Aaron St. St. Joseph, Mo.

20. FILED

1-24-33

John R. Bender Registrar.

85

1001

357

File No.

Registered No.

113

## MEDICAL CERTIFICATE OF DEATH

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

Jan 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1929 to Jan 21, 1933

I last saw him alive on Jan 21, 1933 Death is said

to have occurred on the date stated above, at 1:00 P.M.

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance

Renal Calculi

Name of operation none Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury

Where did injury occur? none (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)

(Address)

J. B. Miller

State Hospital No 2 St. Joseph, Mo.

