

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

Do not use this space.

3523

File No. ....  
Registered No. 17 St. .... Ward)

**1. PLACE OF DEATH**

County Mississippi Registration District No. 566  
Township Pyra Primary Registration District No. 3030  
City Charleston (No. .... St. .... Ward)

**2. FULL NAME**

(a) Residence. No. Scott Alexander St., E. Commercial Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 46 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Th. Frank Alexander  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 17, 1862  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
71 0 24

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Retired  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) New Liberty  
(STATE OR COUNTRY) Miss.

10. NAME OF FATHER J. J. Alexander  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) .....  
12. MAIDEN NAME OF MOTHER Mary Ellen Andy  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) .....

14. INFORMANT Mrs. Scott Alexander  
(Address) Charleston 7th No.

15. July 11, 1933 J. D. Vernon  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-11 1933  
17. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1933, to Feb 11, 1933, and that I last saw him alive on Feb 11, 1933, and that death occurred, on the date stated above, at 9:15 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Heart Failure  
2008 (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) 2008 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH .....

8 DID AN OPERATION PRECEDE DEATH? DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) A. Marshall M. D.  
Feb 11, 1933, (Address) Charleston, Mo.

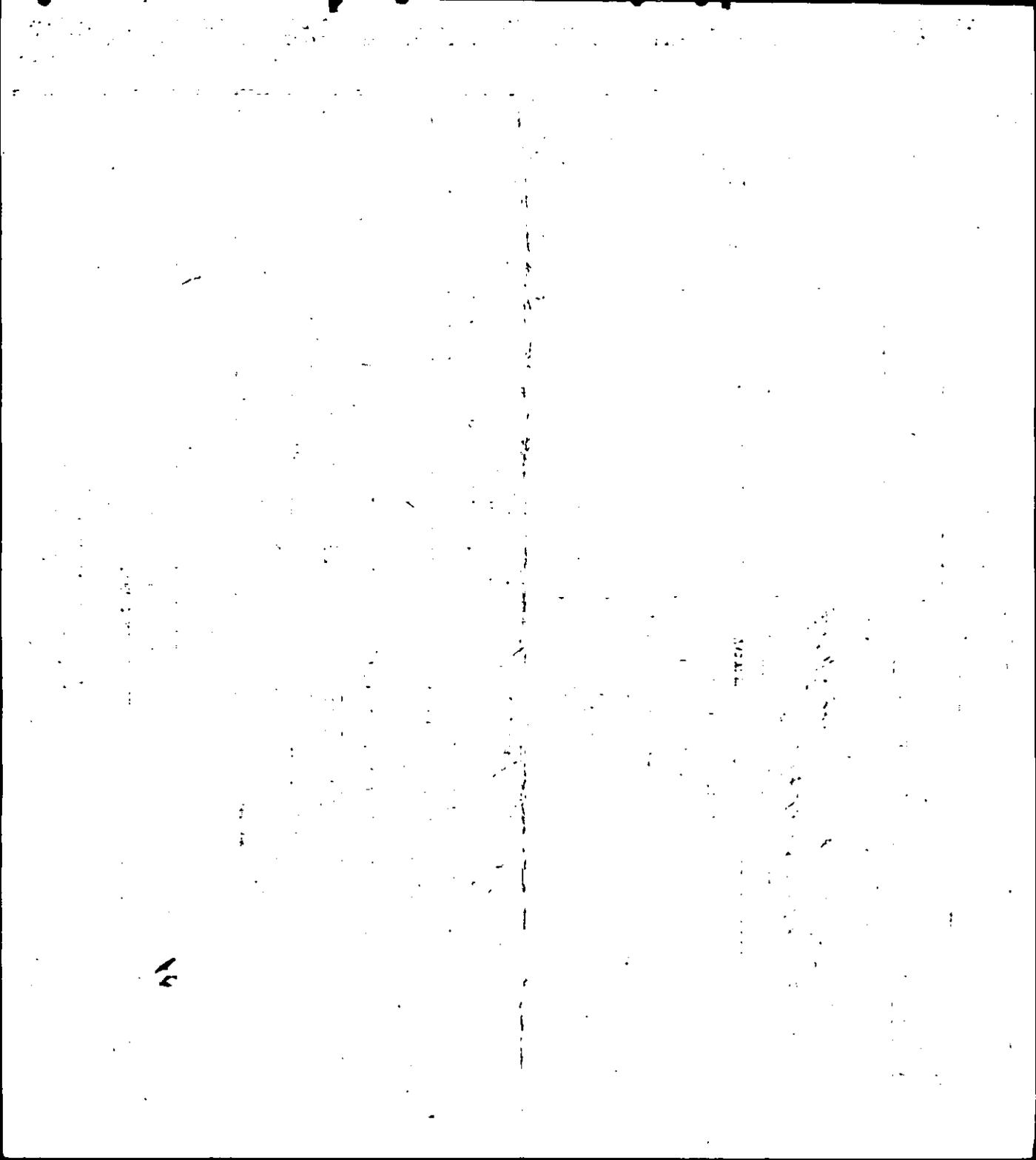
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL S. O. O. Cemetery DATE OF BURIAL 2-12 1933

20. UNDERTAKER Van Urd. Co. F. J. ... ADDRESS Charleston Mo.

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.

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