

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

Not valid
Do not use this space.

14144

1. PLACE OF DEATH

County St. Louis

Registration District No. 665

Township Sidalia

Primary Registration District No. 5889

City Sidalia

No. County St. Louis

File No.

Registered No. 91

St. Ward)

2. FULL NAME

Frank M. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30 1878

7. AGE YEARS 84 MONTHS 9 DAYS 14 IF LESS than 1 day, ... hrs. or min.

OCCUPATION 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) Ky

13. NAME Andrew Alexander

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

15. MAIDEN NAME Don't know

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

17. INFORMANT J. F. Alexander (ADDRESS) Sidalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Longwood DATE 4/16 33

19. UNDERTAKER W. L. Spivey (ADDRESS) St. Louis

20. FILED 4-15 1933 J. P. Love Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 10 1933 to Apr 14 1933

I last saw him alive on Apr 14 1933 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: valvular heart disease Date of onset old age

Other contributory causes of importance: no

Name of operation no Date of

What test confirmed diagnosis? no 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, 19....

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) Sidalia Mo, M. D.

(Address)

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.

MAY 22 1933

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

