

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

Do not use this space.

1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township Sedalia

Primary Registration District No. 3032

City Sedalia (No.)

File No. 17409

Registered No. 123 St. Ward

2. FULL NAME Maggie Alexander

(a) Residence, No. 2928 Johnson 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 F

4. COLOR OR RACE Col

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

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF Ed Alexander
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 3 1884

7. AGE YEARS 48 MONTHS 5 DAYS 30 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia Co Mo

13. NAME W E Lewis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia Co Mo

15. MAIDEN NAME Maggie Lewis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia Co Mo

17. INFORMANT Ed Alexander
(ADDRESS) Sedalia

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pennicott DATE May 5 1923

19. UNDERTAKER F. D. Ferguson
(ADDRESS) Sedalia

20. FILED 5-4 1923

J. S. Love
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1923

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1923 to May 3 1923

I last saw him alive on April 21 1923 Death is said

to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

urine carcinoma
primary
48

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Chin 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) Chas. Arnold, M. D.

(Address) Sedalia 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.

JUN 23 1923 JUN 23 1923

