

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.

AGE 26 1933

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

Do not use this space.

1. PLACE OF DEATH
45 County Howard Registration District No. 378
Township S. Monitau Primary Registration District No. 53-32
City Robert Roy Alexander. (No. St. Ward)

2. FULL NAME Robert Roy Alexander.

(a) Residence, No. St. Ward
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR Married (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/27 1876

7. AGE YEARS 57 MONTHS 6 DAYS 15 If LESS than 1 day, hrs. or min.

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

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) Missouri
(STATE OR COUNTRY)

13. NAME Robert B. Alexander.

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

15. MAIDEN NAME Mollie Egin,

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

17. INFORMANT Lee Alexander.
(ADDRESS) Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Smith Chapel. DATE 7/14/33

19. UNDERTAKER Guy T. Halley.
(ADDRESS) Fayette, Mo.

20. FILED Aug 1 1933 V. C. Bonham
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/12/33, 1933

I HEREBY CERTIFY, That I attended deceased from June, 1932, to , 19 .
I last saw him alive on 5-10-1933. Death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:
Coronary Occlusion
Date of onset

Other contributory causes of importance:
Angina Pectoris

Name of operation none Date of
What test confirmed diagnosis? none 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) , M. D.
(Address)

1977-1978

1. The first part of the report discusses the general situation of the country and the progress of the work in the various fields. It also mentions the results of the work in the various fields.

2. The second part of the report discusses the results of the work in the various fields. It also mentions the results of the work in the various fields.

3. The third part of the report discusses the results of the work in the various fields. It also mentions the results of the work in the various fields.

4. The fourth part of the report discusses the results of the work in the various fields. It also mentions the results of the work in the various fields.

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9. The ninth part of the report discusses the results of the work in the various fields. It also mentions the results of the work in the various fields.

10. The tenth part of the report discusses the results of the work in the various fields. It also mentions the results of the work in the various fields.