

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

Do not use this space.

1. PLACE OF DEATH

County Jasper
Township Salina
City Joplin

Registration District No. 411
Primary Registration District No. 2002

File No. **23501**
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3 mi. W. of Salina Ward. Salina, Kas.
(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 <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 10, 1912</u>		
7. AGE	YEARS <u>20</u>	MONTHS <u>9</u>
	DAYS <u>23</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u></u>	
	10. Date deceased last worked at this occupation (month and year) <u></u>	
	11. Total time (years) spent in this occupation <u></u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Green Co. Missouri</u>		
FATHER	13. NAME <u>W. M. Alexander</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miami Co. Kansas</u>	
	15. MAIDEN NAME <u>Laura J. Lacey</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas Co. Missouri</u>	
MOTHER	17. INFORMANT (ADDRESS) <u>W. M. Alexander Salina Kansas</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Salina, Kas.</u> DATE <u>July 5, 1933</u>	
	19. UNDERTAKER (ADDRESS) <u>Porter M. Clark Salina Kansas</u>	
	20. FILED <u>7-5-1933</u> <u>Ed D. Jones</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1933

22. I HEREBY CERTIFY That I attended deceased from June 26, 1933, to July 3, 1933
Last saw him alive on July 3, 1933. Death is said to have occurred on the date stated above, at 3:35 P. m.
The principal cause of death and related causes of importance were as follows:
Internal injuries. Broken left arm. Run over by auto. Internal hemorrhage, not controllable.
Date of onset _____

Other contributory causes of importance: no

Name of operation abdomen opened Date of June 26, 1933
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? yes Date of injury June 26, 1933
Where did injury occur? new Salina, Kansas
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Road

Manner of injury Run over by auto.
Nature of injury Internal hemorrhage

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Hal Brown, M. D.
(Address) Salina, Kansas

AUG 26 1933

