

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

Do not use this space.

34150

1. PLACE OF DEATH

County Randolph Registration District No. 735
Township Moberly Primary Registration District No. 3034
City Moberly (No. 418 Moulton)

File No. _____
Registered No. 204
St. 1st Ward

2. FULL NAME

Anna Lorine Alexander

(a) Residence, No. 418 Moulton 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14th 1912
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
21 2 12

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) Mo

13. NAME Mose Alexander

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

15. MAIDEN NAME Sallie Knatson

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

17. INFORMANT Mose Alexander (ADDRESS) Moberly, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo DATE 10/27, 1933

19. UNDERTAKER Mahan + Son (ADDRESS) Moberly Mo

20. FILED 10/27, 1933 Virginia Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 26th 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1933 to Oct 26, 1933
I last saw him alive on Oct 26, 1933 Death is said to have occurred on the date stated above, at 2:40 p.m.

The principal cause of death and related causes of importance were as follows:
Darcomata

Primary site of disease
Hot abdomen
Other contributory causes of importance: Pancreas
46F

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1933

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? No
If so, specify _____

(Signed) Lois J. Kell, M. D.
(Address) Moberly Mo

