

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

Do not use this space.

41138

JAN 26 1934

1. PLACE OF DEATH

92 County St Charles
4 Township 3
8 City St Charles (No. St Josephs Hospital)

Registration District No. 757
Primary Registration District No. 3.036

File No. _____
Registered No. 721
St. _____ Ward _____

2. FULL NAME

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb - 3 - 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
48 10 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Data 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) Fayetteville Ark.

13. NAME Robert Alexander

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

15. MAIDEN NAME Adeline Mills

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

17. INFORMANT Edgar B. Harding (ADDRESS) Jonestown Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jonestown Mo. DATE Dec 23 1933

19. UNDERTAKER H. A. Hallgren & Sons (ADDRESS) 700 N. 3rd St. St Charles Mo

20. FILED 12/23 1933 James B. Henson Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1933

Last seen alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:10 A.M.

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

Accidental Traumatism
Struck by automobile
while walking on highway
2:10 PM
Shock
Date of onset Dec 23 1933

Other contributory causes of importance: Shock

Name of operation none Date of none

What test confirmed diagnosis? Phys Exam Was there an autopsy? no

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

Where did injury occur? Highway (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place walking on highway

Manner of injury collision with automobile

Nature of injury Injury to head and leg

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

If so, specify none

(Signed) Will L. Freeman (Address) St Charles Mo

Coroner of St Charles Co 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

