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

Do not use this space.

1. PLACE OF DEATH
County Boone Registration District No. 73 File No. 166
Township Primary Registration District No. 3006 Registered No. 27
City Columbia Mo (No. St. Ward)

2. FULL NAME Nancy Alice Alexander
(a) Residence, No. 232 Sexton Rd St., Ward. (If nonresident, give city or town and State)
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF J. T. Alexander
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6 1859

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ......min.
74	10	15	

OCCUPATION
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. —
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) Kentucky

FATHER
13. NAME J. B. Riley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Harmon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Frank Alexander
18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Cem-Riggs DATE Jan 23 1934
19. UNDERTAKER (ADDRESS) R C Wyatt
20. FILED 1/22/ 1934 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21, 1934
22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1933, to Jan 21, 1934
I last saw her alive on Jan 21, 1934. Death is said to have occurred on the date stated above, at 6:30 P.m.
The principal cause of death and related causes of importance were as follows: Date of onset
Chronic Nephritis
& Mitral insufficiency
Other contributory causes of importance:
131
Name of operation .... Date of ......
What test confirmed diagnosis? .... 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) A. C. Hindman M. D.
(Address) 20 S. 9 St Columbia 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.

Hindman Jan 1934