FEB 1 1934

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

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.

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

Do not use this space.

1132

File No. 9

Registered No. 99

1. PLACE OF DEATH

County: Jackson — Registration District No. 3 4 9

Township: Kansas — Primary Registration District No. 3 0 3 2

City: K. C. Mo (No. 3104-E-27th St. Ward)

2. FULL NAME: Robert T. Alexander

(a) Residence, No. 3104-E-27th St., Ward.
(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: M

4. COLOR OR RACE: Wh.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 3 - 1872

7. AGE: Years 61 — Months 10 — Days 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Business Self

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): Greensburg Missouri

FATHER

13. NAME: Patrick Alexander

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: Mary Marsh

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

17. INFORMANT (ADDRESS): Ella Alexander 3104-East 27th St.

18. BURIAL, CREMATION, OR REMOVAL. PLACE: Forest Hill DATE: Jan - 9 - 1934

19. UNDERTAKER (ADDRESS): Mrs. L. L. Forste K. C. Mo.

20. FILED: Jan 9, 1934 M. M. Crouse Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1 - 7 - 1934

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1933, to Jan. 6, 1934.

I last saw him alive on Jan. 6, 1934. Death is said to have occurred on the date stated above, at 2 45 A.M.

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

	Date of onset
General carcinomatosis	1937
AED	
Pneumonia	
Other contributory causes of importance:	
Carcinoma lower mandible	1931
myocarditis (chronic)	

Name of operation: none Date of:

What test confirmed diagnosis? clinical Was there an autopsy? no

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? no

If so, specify

(Signed) V. W. Harned M.D.

(Address) 406 Wirthman Bldg

U.W. [illegible]
West Bldg.
So. 1207-