25 1934

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

Do not use this space.

4765

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township Blue — Primary Registration District No. 3019 — Registered No. 57
City Independence (No. Indep. Sanitarium St. Ward)

48 5 8

2. FULL NAME Lewis F. Alexander
(a) Residence, No. 801 Fairview 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Inez Alexander
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 28 - 1876
7. AGE YEARS 57 MONTHS 9 DAYS 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Boiler Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. M. St Paul R.R.
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) Miama Missouri

FATHER
13. NAME James W Alexander
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia

MOTHER
15. MAIDEN NAME Mary Rees
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy Illinois

17. INFORMANT (ADDRESS) Mrs Inez Alexander 801 Fairview St
18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasaton Kans DATE Feb. 7 1934
19. UNDERTAKER (ADDRESS) George C Carson Independence Mo
20. FILED Feb. 6 1934 Dr. F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 1934
22. I HEREBY CERTIFY, That I attended deceased from 10/1 1932, to 2/5 1934
I last saw him alive on 2/4 1934. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	930
" Bronchitis	555
Papilloma Bladder	

Other contributory causes of importance: 930
Cystitis

Name of operation Cystotomy Date of 2/3/34
What test confirmed diagnosis? Lab 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?
If so, specify
(Signed) S Gellmor, M. D.
(Address) 10307 Indep Ave KCMo

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.

25 1 2 3