

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.

APR 25 1934-105

PLACE OF DEATH

County Sullivan

Township Union

City (No.)

Registration District No. 849

Primary Registration District No. 6110

File No. 11645

Registered No. 3

St.

Ward

FULL NAME

Alicia Alexander

(a) Residence, No.

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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alfred Alexander</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 4 - 1844</u>		
7. AGE YEARS <u>89</u>	MONTHS <u>11</u>	DAYS <u>17</u>
If LESS than 1 day, <u> </u> hrs. or <u> </u> min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>	
	10. Date deceased last worked at this occupation (month and year) <u> </u>	
11. Total time (years) spent in this occupation <u> </u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
MOTHER FATHER	13. NAME <u>John Bunch</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
	15. MAIDEN NAME <u>Cynthia Summers</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT <u>Mel Alexander</u> (ADDRESS) <u>Green City, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fairview</u> DATE <u>3-21</u> 19 <u>34</u>		
19. UNDERTAKER <u>Glenn E. Reat</u> (ADDRESS) <u>Green City, Mo</u>		
20. FILED <u>4-9</u> 19 <u>34</u> <u>Virginia Gibson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>March 20, 1934</u>	Date of onset <u> </u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Feb 28</u> , 19 <u>34</u> to <u>Mar 5</u> , 19 <u>34</u> I last saw her alive on <u>Mar 5</u> , 19 <u>34</u> Death is said to have occurred on the date stated above, at <u>8:20 P.m.</u> The principal cause of death and related causes of importance were as follows: <u>Endocarditis</u> <u>92 h</u> Other contributory causes of importance: <u>92 B</u>	
Name of operation <u> </u> Date of <u> </u> What test confirmed diagnosis? <u> </u> Was there an autopsy? <u> </u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 19 <u> </u> Where did injury occur? <u> </u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u> </u>	
Manner of injury <u> </u> Nature of injury <u> </u>	
24. Was disease or injury in any way related to occupation of deceased? <u> </u> If so, specify <u> </u> (Signed) <u>J. G. Carnes D.O.</u> (Address) <u>Green City, Mo</u>	

