

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

Do not use this space.

MAY 25 1934

13597

1. PLACE OF DEATH

County Miller
Township Richwoods
City Richwoods (No.)

Registration District No. 562
Primary Registration District No. 5757

File No.
Registered No. 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 21, 1934</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, <u>8</u> hrs. or <u>50</u> min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</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) Miller Co.
(STATE OR COUNTRY) Mo.

13. NAME As Albert Alexander

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

15. MAIDEN NAME Blanche Lawson

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

17. INFORMANT As Albert Alexander
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wadsworth Cem. DATE Apr. 22, 1934

19. UNDERTAKER John Barnette
(ADDRESS)

20. FILED May 8, 1934 Mrs. William Kneip
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 21, 1934, to Apr. 21, 1934

I last saw him alive on Apr. 21, 1934 Death is said to have occurred on the date stated above, at 5 P. m.

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

Asthenia

101A / 161A

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none 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) C. Mallory, M. D.
(Address) Cracker, Mo.

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