

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.

JUN 25 1934

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

Do not use this space.

1. PLACE OF DEATH
72 County New Madrid Registration District No. 605
Township 1st Primary Registration District No. 135-7
City Parma (No., St. Ward) (If nonresident, give city or town and State)
2. FULL NAME Ruby Alexander
(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.

File No. 17532
Registered No.
St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28, 1919
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
15 3 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl
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) Mo

13. NAME Charles E. Alexander

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

15. MAIDEN NAME Filly Edwards

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

17. INFORMANT Charles E. Alexander (ADDRESS) Parma, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACED Harper Cem DATE May 28, 1934

19. UNDERTAKER T. Knight (ADDRESS) Parma, Mo.

20. FILED 5-27 1934 Dr. G. W. Hunter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1934
22. I HEREBY CERTIFY, That I attended deceased from May 27, 1934 to May 27, 1934
I last saw him alive on May 27, 1934 Death is said to have occurred on the date stated above, at 2:55 m.
The principal cause of death and related causes of importance were as follows:

Suicide by self-inflicted gun shot wound through forehead
Date of onset

Other contributory causes of importance:

Name of operation autopsy Date of May 28, 1934
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? suicide Date of injury May 27, 1934
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 suicide
Nature of injury gun shot wound through forehead

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) Dr. G. W. Hunter M. D.
(Address) Parma, Mo.

