

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 26 1934

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

Do not use this space.

17779

1. PLACE OF DEATH

County Randolph
Township Salisbury
City Salisbury (No. 1)

Registration District No. 733
Primary Registration District No. 5967

File No. 17779
Registered No. 17779
St. Salisbury Ward 1

2. FULL NAME

Laura Bell Alexander

(a) Residence, No. 1 St. Salisbury Ward 1
(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 Female 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 Hubert Alexander
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16, 1911
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 23 1 11

OCCUPATION

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

FATHER MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Mo
13. NAME J. A. Brockman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Mo
15. MAIDEN NAME Bessie J. McCormac
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Mo
17. INFORMANT John Alexander (ADDRESS) Salisbury Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Salem Cemetery DATE May 25, 1934
19. UNDERTAKER Tom B. Patton (ADDRESS) Salisbury Mo
20. FILED May 24, 1934 D. P. Beckett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1934
22. I HEREBY CERTIFY, That I attended deceased from 5-18-34 to 5-23-34
I last saw her alive on 5-23-34. Death is said to have occurred on the date stated above, at 5:30 P. M.
The principal cause of death and related causes of importance were as follows:

Tuberculous Pneumonia
23A
23
Other contributory causes of importance:
Pulmonary Tuberculosis

Name of operation none Date of Final Clinical
What test confirmed diagnosis Final Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury none, 19 none
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Paul C. Davis, M. D.
(Signed) Moberly, Mo.
(Address)

JUN 3 1947