

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.

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

Do not use this space.

21044

1. PLACE OF DEATH

County Lincoln
Township Bedford
City Dora

Registration District No. 491
Primary Registration District No. 4298

File No. _____
Registered No. 24
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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 20-1852

7. AGE YEARS 82 MONTHS 5 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Lincoln Mo

13. NAME T. W. Malley

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

15. MAIDEN NAME Mary Martin

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

17. INFORMANT (ADDRESS) J. N. Brady

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 6-29-34

19. UNDERTAKER (ADDRESS) Wm. P. Smith

20. FILED 7-1 1934 W. P. Smith Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28 1934

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1934 to June 28, 1934

I last saw him alive on June 28, 1934. Death is said to have occurred on the date stated above, at _____ m.

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

Arteriosclerosis
1966
442
Other contributory causes importance: hypertension of right ventricle

Name of operation _____ Date of _____
What test confirmed diagnosis? none Was there an autopsy? no

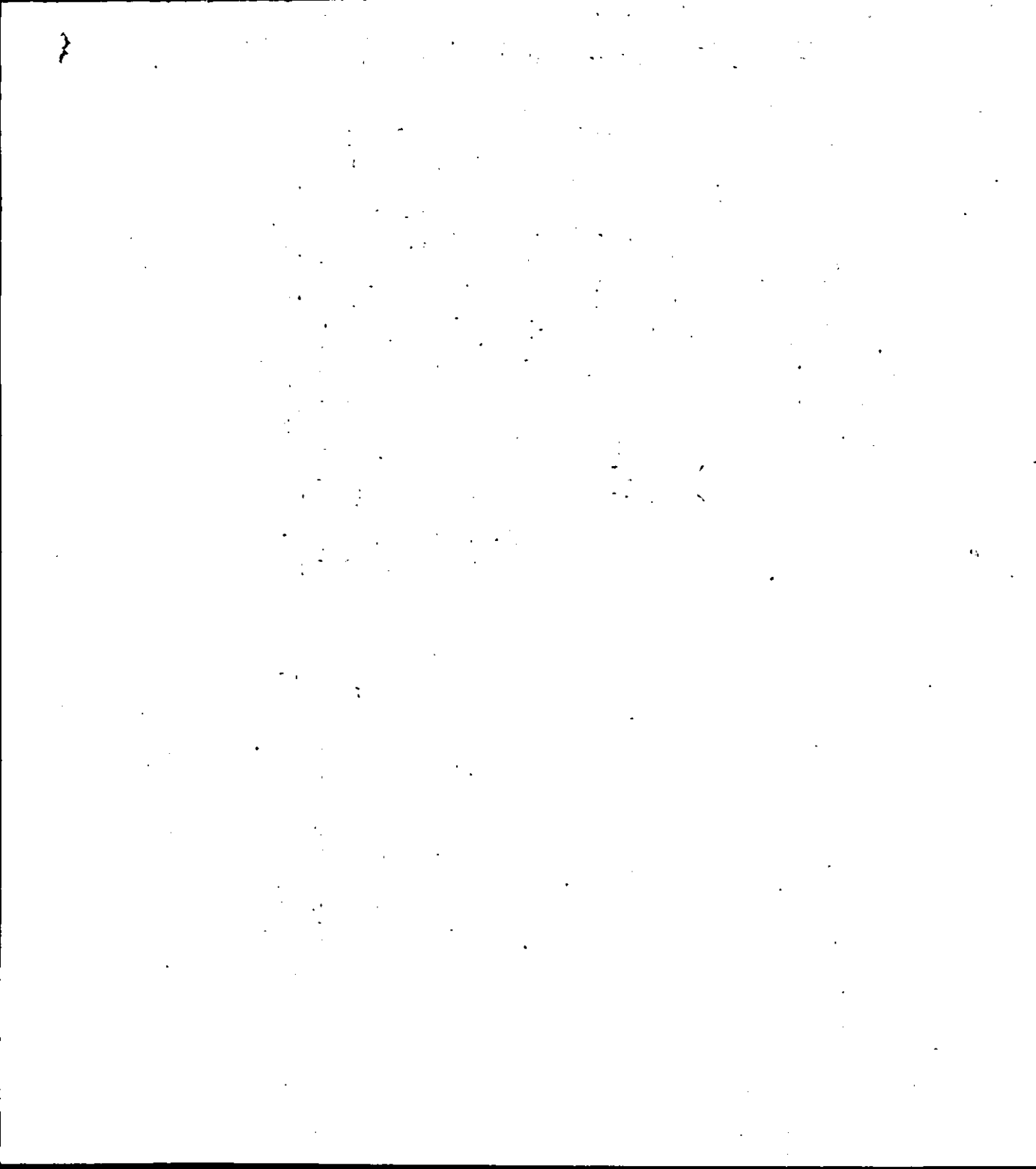
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury May 25-34
Where did injury occur? at home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. at home

Manner of injury _____
Nature of injury fracture of right

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Wm. P. Smith M. D.
(Address) City Mo



#2

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Annie E. Alexander
Who died at _____ on June 25 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex _____ Color or race _____ Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Angina pectoris

Other contributory causes of importance Fracture of hip

Name of operation _____ Date of _____

What test confirmed diagnosis? none Was there an autopsy? no

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury May 23, 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 Fall

Nature of injury Fracture of hip

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician L. Pen dleton

Address of physician Tray - Mo.

Signature of Registrar W. P. Smith

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 491

Very truly yours,

E. T. McGaugh M.D.

Primary Reg. Dist. No. 4298

Special Agent.

E.C.

5-21044