

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

Do not use this space.

1. PLACE OF DEATH

County Jasper
Township Galena
City Cherry Farm

Registration District No. 408
Primary Registration District No. 5563A
(No. Cherry Farm)

File No. 25064
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Louis Alexander Sarcosie Mc

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) County House

Length of residence in Cherry Farm where death occurred 7 yrs. 5 mos. 6 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 9-1856
7. AGE YEARS 78 MONTHS 4 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME A. W. Alexander

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

15. MAIDEN NAME Elyzabeth Osborn

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

17. INFORMANT J. C. Truitt
(ADDRESS) Cherry Farm

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE 7/24

19. UNDERTAKER Wm. Drake
(ADDRESS) Cherry Farm

20. FILED July 24, 1934 S. B. S. S. S.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1934
22. I HEREBY CERTIFY, That I attended deceased from June 10, 1934, to July 22, 1934.
I last saw him alive on July 15, 1934. Death is said to have occurred on the date stated above, at 6:45 PM.
The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) R. E. Baker, M. D.

(Address) Cherry Farm

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.

AUG 4 1934

237

2

2

J. L. Alexander
1815 Wellington
Worfield House