

OCT 17 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

 88 County Randolph
 Township Salt River
 City (No.)

 Registration District No. 734
 Primary Registration District No. 5969
File No. 33817Registered No. St. Ward

2. FULL NAME

Emily Elizabeth 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. (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 A. D. Alexander
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9 - 1875
 7. AGE YEARS 59 MONTHS 6 DAYS 24 If LESS than 1 day, hrs. or min.

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

 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) Randolph Co (STATE OR COUNTRY) Mo13. NAME H. T. Newton14. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY) 15. MAIDEN NAME George Ellen Halliford16. BIRTHPLACE (CITY OR TOWN) Randolph Co. (STATE OR COUNTRY) Mo.17. INFORMANT A. D. Halliford (ADDRESS) Jacksonville Mo
 18. BURIAL, CREMATION, OR REMOVAL Burial
 PLACE Phelps DATE Sept 5, 1934
19. UNDERTAKER Fred A Thompson (ADDRESS) Madison Mo.20. FILED Sept 4, 1934 R. M. Cater Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3, 1934
 22. I HEREBY CERTIFY, That I attended deceased from July 5, 1934, to Sept 3, 1934.
 I last saw him alive on Sept 3, 1934. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Coronary Thrombosis 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? YesIf so, specify (Signed) J. P. Allen, M. D.(Address)

