

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.

DEC 1 3 1934

791

40913

**1. PLACE OF DEATH**

County..... Registration District No. 1003  
Township..... Primary Registration District No. 1003  
City St Louis, Mo. (No. Missouri Pacific Hosp) St. .... Ward)

File No. ....  
Registered No. 10857

**2. FULL NAME**

Harry Vernice Alexander  
(a) Residence, No. Bonne Terre, Mo. (Usual place of abode) World PR Bonne Terre, Mo.  
(If nonresident, give city or town and State)

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.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11, 1934  
22. I HEREBY CERTIFY, That I attended deceased from 11-9, 1934, to 11-10, 1934  
Last saw him alive on 11-10, 1934. Death is said to have occurred on the date stated above, at 9:15 P.M.  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-18-1895  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
39 — 22

Date of onset  
Coronary occlusion  
94 R  
Other contributory causes of importance

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonne Terre, Mo.

MOTHER | 13. NAME Edward Alexander

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

MOTHER | 15. MAIDEN NAME Martha Keaton

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

MOTHER | 17. INFORMANT (ADDRESS) Mrs. Martha Alexander, Bonne Terre, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bonne Terre, Mo. DATE 11-16-34

MOTHER | 19. UNDERTAKER (ADDRESS) Benham and Co., Bonne Terre, Mo.

20. FILED 107 1.3 1934 J. Bredeck Registrar.

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? NO  
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) E. E. Fain M. D.  
(Address) Missouri Pacific Hosp, St Louis

