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.

FEB 19 1935

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

Do not use this space.

1153

1. PLACE OF DEATH

County Jackson — Registration District No. 599 — File No. [illegible]

Township [redacted] — Primary Registration District No. 1002 — Registered No. [illegible]

City K.C. (No. 2815 Peery St. Ward)

2. FULL NAME Bettie Alexander

(a) Residence, No. 2815 Peery St., Ward. (Usual place of abode) (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

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: Wm. G. Alexander

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 1, 1854

7. AGE: YEARS 80 — MONTHS 0 — DAYS 1 — If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER

13. NAME: James King

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Minnie Collins, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt. Washington DATE: Jan. 4, 35

19. UNDERTAKER (ADDRESS): H. TIGERMAN & SON'S K.C.MO.

20. FILED 1-3- 1935 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/1, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/1, 1935 to 1/2, 1935

I last saw her alive on 1/2, 1935. Death is said to have occurred on the date stated above, at 3 P.m.

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

Cerebral Hemorrhage — Date of onset 1/1/35

Other contributory causes of importance: Acute Uremia Poisoning

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) D. H. Russell, M. D.

(Address) 3231 E. 11th St.