

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.

Walker

FEB 26 935

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

Do not use this space.

2107

1. PLACE OF DEATH

County *Miller*
Township *Eldon*
City *Eldon* (No.)

Registration District No. *561*
Primary Registration District No. *4330*

File No.
Registered No. *8*
St. Ward)

2. FULL NAME

Matilda Alexander
(a) Residence, No. 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 <i>Female</i>	4. COLOR OR RACE <i>W.</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <i>John C. Alexander</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov 3 1860</i>		
7. AGE YEARS <i>74</i>	MONTHS <i>2</i>	DAYS <i>20</i>
If LESS than 1 day, ... hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>		
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) <i>Cal. Co., Mo.</i>
13. NAME <i>Isaac B. Mac</i>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Kentucky</i>
15. MAIDEN NAME <i>Jane Stevens</i>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>U. S.</i>
17. INFORMANT (ADDRESS) <i>Mr. Frank Towns</i>
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Phillips Funeral Home</i>
19. UNDERTAKER (ADDRESS) <i>Phillips Funeral Home</i>
20. FILED <i>1-28-1935</i>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 23 1935*

I HEREBY CERTIFY That I attended deceased from *Jan 20 1935* to *Jan 23 1935*

I last saw her alive on *Jan 23 1935*. Death is said to have occurred on the date stated above, at *2:10 P.M.*

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

Date of onset *1-20-35*

Other contributory causes of importance:
Influenza

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? *No*
If so, specify *Sp. Walker*
(Signed) *Eldon Mo*, M. D.
(Address)

Registrar.

