MAR 27 1935

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

Do not use this space.

5946

File No.

Registered No. 10

57

1. PLACE OF DEATH

County: Lincoln

Township: Hurricane

City: (No. , St. Ward)

Registration District No. 486

Primary Registration District No. 5649

2. FULL NAME Miss Betty Finley 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): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5 1863

7. AGE: Years 71 Months 5 Days 17 If LESS than 1 day, hrs. or min.

OCCUPATION

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

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

1 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln county, Mo

FATHER

1 13. NAME Reid Alexander

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln County Mo

MOTHER

15. MAIDEN NAME Sarah Jane Finley

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

17. INFORMANT (ADDRESS) Miss Matta Alexander Elsberry, Mo. Rear Office

18. BURIAL, CREMATION, OR REMOVAL PLACE Reid Cemetery DATE Feb. 23, 35

19. UNDERTAKER (ADDRESS) Clifton Miller Elsberry, Mo.

20. FILED 3-9, 1935 C. E. Powell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/11, 1935, to 2/22, 1935

I last saw h. ex. alive on 2/22, 1935. Death is said to have occurred on the date stated above, at 8:20 a. m.

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

	Date of onset
Mitral stenosis	
Other contributory causes of importance:	
Influenza	2/11-35

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

(Signed) J. B. Vaughn, M. D.

(Address) Whitesside, Mo.

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.