

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.

JUN 4 1935

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

Do not use this space.

15302

1. PLACE OF DEATH

County Stoddard
Township Easter
City Bloomfield (No.)

Registration District No. 837
Primary Registration District No. 6099

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

F

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

Sol Alexander

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

9-21-1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

71

7

3

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)

Bloomfield
Mo.

FATHER
MOTHER

13. NAME

E. W. Cole

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

N. C.

15. MAIDEN NAME

Martha Ramsey

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

Georgia

17. INFORMANT
(ADDRESS)

Mrs. Gertrude Vanstetter

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bloomfield DATE 4-26-1935

19. UNDERTAKER
(ADDRESS)

Chiles Und. Co.
Bloomfield, Mo.

20. FILED

May 11 1935 Eder Ford
Registrar

MEDICAL CERTIFICATE OF DEATH

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

4-24-1935

22. I HEREBY CERTIFY, That I attended deceased from

Oct 8, 1934, to April 24, 1935

I last saw him alive on Apr 24, 1935 Death is said

to have occurred on the date stated above, at 9:45 A.M.

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

Bronchial Asthma

Date of onset

Other contributory causes of importance:

unbroken

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? No

If so, specify

(Signed) Eder Ford, M. D.

(Address) Bloomfield, Mo

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MAR 31 1949