

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 20 1935

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

Do not use this space.

16152

1. PLACE OF DEATH

County Greene

Registration District No. 318

File No. ....

Township .....

Primary Registration District No. 2001

Registered No. 109

City Springfield (No. 443)

St. East Monroe Ward

2. FULL NAME Margaret E. Alexander

(a) Residence, No. 443 East Monroe 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unk. Alexander

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9 - 1848

7. AGE YEARS 87 MONTHS 1 DAYS 2 If LESS than 1 day, ..... hrs. or ..... min.

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

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) Greene Co. Mo.

13. NAME Thomas Dayers

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

15. MAIDEN NAME Peggy Monsey

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

17. INFORMANT Dr. J. S. Dayers (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dayers care DATE May - 13, 1935

19. UNDERTAKER (ADDRESS) Kelly S. Jewell, Register

20. FILED 5-13-1935 R. W. Angator Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1935

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

I last saw him alive on May 11, 1935 Death is said

to have occurred on the date stated above, at 10:00 A.M.

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

Appoplexy  
Stroke

Other contributory causes of importance .....

Name of operation None Date of .....

What test confirmed diagnosis? Clymer Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? .....

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. S. Dayers M. D.

(Address) 1623 Woodruff Springfield Mo

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