

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.

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

Do not use this space.

20272

1. PLACE OF DEATH JUL-24 1935

County LincolnRegistration District No. 486Township ClatsburgPrimary Registration District No. 4293City Clatsburg, Iowa (No.)File No. Registered No. 20St. Ward 2. FULL NAME Howard Reid 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

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(or) WIFE OFLillie Jane Moody Alexander

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

Oct 2 1865

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.69816

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Putrid grocer9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Lincoln County
Iowa

13. NAME

Archibald Alexander14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Kentucky

15. MAIDEN NAME

Mary Louise Holt16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St. Louis, Mo.17. INFORMANT
(ADDRESS)Corneil Alexander
Chicago, Ill.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Reid Cemetery

DATE

June 20 193519. UNDERTAKER
(ADDRESS)Clifton Miller
Clatsburg, Missouri

20. FILED

July 10 1935C. E. Powell

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

June - 18 - 1935

22. I HEREBY CERTIFY, That I attended deceased from

June - 1 - 1935 to June - 18 - 1935I last saw him alive on June 18 - 1935 Death is saidto have occurred on the date stated above, at 11:52 a.m.

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

Bronchial Pneumonia

Date of onset

Other contributor causes of importance:

Ordinary Cold

Name of operation

Date of

What test confirmed diagnosis?

usualWas 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

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) F. V. Seeling, M. D.(Address) Clatsburg, Mo.

