

AUG 19 1935

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

23675

## 1. PLACE OF DEATH

County Magoun  
 Township Lyda  
 City Atlanta (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 526  
 Primary Registration District No. 5700

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

## 2. FULL NAME

Barbara E. 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 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Alexander</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 7-1850</u>		
7. AGE <u>84</u>	YEARS <u>6</u>	MONTHS <u>29</u>
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeping</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>	
13. NAME <u>James Brice</u>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
15. MAIDEN NAME <u>Sarah Stewart</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT (ADDRESS) <u>J. B. Alexander Atlanta Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rogers Home</u> DATE <u>July 7, 1935</u>	
19. UNDERTAKER (ADDRESS) <u>Wetting &amp; Sons</u>	
20. FILED <u>Aug 7, 1935</u> <u>Q. L. Cambron</u> Registrar	

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1932, to July 6, 1935.  
 Last saw her alive on July 3, 1935. Death is said to have occurred on the date stated above, at 1:34 a. m.  
 The principal cause of death and related causes of importance were as follows:

Valvular Disease of the heart

Other contributory causes of importance:  
Semiphi

Date of onset \_\_\_\_\_

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?  
 If so, specify none  
 (Signed) G. L. Dyke M. D.  
 (Address) Atlanta Missouri

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.

