

SEP 25 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

27343

1. PLACE OF DEATH

County Putnam
 Townshp Jackson
 City _____ (No. _____ St. _____ Ward _____)

Registration District No. 718Primary Registration District No. 5949

File No. _____

Registered No. 42

2. FULL NAME

Albert Allan 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Letha Alexander
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 25-1875
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
61 5 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) Aug 1935 11. Total time (years) spent in this occupation all

12. BIRTHPLACE (CITY OR TOWN) Putnam Co
 (STATE OR COUNTRY) Mo13. NAME Manley Alexander14. BIRTHPLACE (CITY OR TOWN) Hancock Co
 (STATE OR COUNTRY) Ill15. MAIDEN NAME Letha Alex16. BIRTHPLACE (CITY OR TOWN) Pike Co
 (STATE OR COUNTRY) Mo17. INFORMANT Robert Alexander
 (ADDRESS) Luccumb Mo.18. BURIAL, CREMATION, OR REMOVAL
 PLACE West Liberty DATE Aug 30 193519. UNDERTAKER Comstock Mort Co
 (ADDRESS) Unionville Mo20. FILED Sept 3 1935 J. W. Gillum
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29 193522. I HEREBY CERTIFY That I attended deceased from Aug 28 1935 to Aug 29 1935I last saw him alive on Aug 28 1935 Death is saidto have occurred on the date stated above, at 4:15 p.m.

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

Date of onset

Angina pectoris

Other contributory causes of importance:

AKA

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) J. P. Steele, M. D.(Address) Luccumb Mo

