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

Do not use this space.

210

FEB 17 1936

85

1. PLACE OF DEATH
County Buchanan — Registration District No. — File No.
Township ~~Washington~~ — Primary Registration District No. 10?0 — Registered No. 7
City St. Joseph, (No. 3301 Renick St. St. Ward)

2. FULL NAME Hattie Alexander
(a) Residence, No. 3301 Renick St., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Wife of Albert Alexander

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8, 1873

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
62	4	2[illegible]	

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) Nodaway Co. Mo

FATHER
13. NAME George Deering
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown ~~Unknown~~

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown ~~Unknown~~

17. INFORMANT (ADDRESS) Albert Alexander Skidmore, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park, DATE Jan 3, 1936

19. UNDERTAKER (ADDRESS) Fleeman & Son, Inc.

20. FILED 1-3 1936 John A Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2 nd. 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 29 1935 to Jan 2, 1936
I last saw her alive on Jan 1 1936 Death is said to have occurred on the date stated above, at 8. 10 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Dec
paralysis left side	29. 35

Other contributory causes of importance: ? 10 yrs
Hypertension
Arteriosclerosis

Name of operation Date of ~~No~~
What test confirmed diagnosis? Was 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, 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) W. S. Samuel, M. D.
(Address) St Joseph Mo.

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.