

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

Do not use this space.

MAY 18 1936

1. PLACE OF DEATH

County BUCHANAN

Registration District No. 85

Township

Primary Registration District No. 1001

City ST. JOSEPH

(No. 626 So. 22nd St.)

File No.

Registered No. 350

St. Ward

2. FULL NAME IDA ALEXANDER

(a) Residence, No. 626 So. 22nd 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

Female

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

A.G. Alexander

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

April 1875

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. min.

61

Unknown

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11

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)

Mo., Mo.

FATHER

13. NAME

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

15. MAIDEN NAME Amanda Dawson

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

Mo.

17. INFORMANT (ADDRESS)

Laura Todd 626 So 22nd St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ashland Cem.

DATE April 14/1936

19. UNDERTAKER (ADDRESS)

RAMSEY'S MORTUARY 9th & Olive St.

20. FILED

4-14-1936

John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11/1936

22. I HEREBY CERTIFY, That I attended deceased from

4/9 1936 to 4/11 1936
I last saw him alive on April 10 1936 Death is said

to have occurred on the date stated above, at 2:30 a. m.

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

Date of onset

acute endometritis
a few days
Other contributory causes of importance:

Name of operation cleared Date of 11/4/36

What test confirmed diagnosis? clinical 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) John R. Bender, M. D.

(Address) 21614 W. 11th Ave.

