

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

Do not use this space.

15855

1. PLACE OF DEATH

County Lawrence Registration District No. 470
 Township Lawrence Primary Registration District No. 3640
 City Mid Vernon (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Jessie Alexander St. _____ Ward _____
 (Usual place of abode) Opolis (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-20-31893

7. AGE Years 43 Months 11 Days 5 If LESS than 1 day, hrs. or min.

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

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

10. Date deceased last worked at this occupation (month and year) 9-35 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville, Mo

MOTHER FATHER 13. NAME Newton Harrison Alexander

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

15. MAIDEN NAME Cheramide Orr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Self

18. BURIAL, CREMATION, OR REMOVAL PLACE Pittsburg, Kan DATE 7/10/36

19. UNDERTAKER (ADDRESS) Fassett & Co

20. FILED April 9, 1936 P. R. Holmes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-9-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-26-36, 19, to 4-9-36, 19.

I last saw him alive on 4-9-36, 19. Death is said to have occurred on the date stated above, at 11:20 a.m.

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

Pneumonia
Supercularis
 Date of onset () 1936
1 year

Other contributory causes of importance:

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 _____ (Signed) Chester J. Mellis, M. D.

(Address) Mid Vernon

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.

