

JUL 16 1936

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

Do not use this space.

1. PLACE OF DEATH

County Andrew
Township Patton
City Miner Mo (No. _____)

Registration District No. 26
Primary Registration District No. 3002

File No. 21899
Registered No. 101
St. _____ Ward _____

2. FULL NAME

Arch-Atis-Alexander
(a) Residence, No. Vir-man-a-p-t-i-f-f-u-e-r-s
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Marcel Alexander
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-25-1882
7. AGE YEARS 53 MONTHS 9 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME John J. Alexander

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

15. MAIDEN NAME Emma J. Greening

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

17. INFORMANT Virginia Alexander (ADDRESS) Miner Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lacloma Mo DATE June 22, 1936

19. UNDERTAKER H. A. Ricketts (ADDRESS) Miner Mo

20. FILED June 22, 1936 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1936

22. I HEREBY CERTIFY That I attended deceased from Feb. 11, 1936, to June 20, 1936

I last saw him alive on June 20, 1936. Death is said to have occurred on the date stated above, at 6:25 P.m.

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

Streptococcia sore throat Date of onset Jan. 1, 1936

Other contributory causes of importance:

Generalized arteriosclerosis
Acute Endocarditis Jan, 1936

Name of operation _____ Date of _____

What test confirmed diagnosis? 70 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) Karl E. Maneval, M. D.

(Address) Mexico, 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.

