

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.

JUL 22 1936

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

Do not use this space.

23268

1. PLACE OF DEATH

County Lassher
Township Salina
City Joplin (No. 215 E. 7th)

Registration District No. 411
Primary Registration District No. 2002

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Herbert Ray Alexander

(a) Residence, No. 215 East Seventh St., _____ Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred X yrs. X mos. 10 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 31, 1936</u>		
7. AGE	YEARS <u>X</u>	MONTHS <u>X</u>
		DAYS <u>10</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

FATHER

12. BIRTHPLACE (CITY OR TOWN) Joplin
(STATE OR COUNTRY) Missouri

13. NAME George Alexander

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

15. MAIDEN NAME Ruth Jones

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

17. INFORMANT Ruth Alexander
(ADDRESS) 215 East 7th Joplin Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fannin Cem. Joplin DATE June 12, 1936

19. UNDERTAKER Lanphier Mortuary
(ADDRESS) 1502 Joplin St. Joplin Mo.

20. FILED 6-13 19 36 Ed D. James
Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1936 to June 11, 1936

I last saw him alive on June 10, 1936 Death is said to have occurred on the date stated above, at 8:45 a.m.

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

Potent Coronary atherosclerosis (Heart)

Other contributory causes of importance: Malnutrition

Name of operation _____ Date of _____

What test confirmed diagnosis? Heart 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? _____

If so, specify _____

(Signed) Ed D. James, M. D.

(Address) Joplin, Missouri

Chigman