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

Do not use this space.

25408

File No.

Registered No. 115

1. PLACE OF DEATH
County Audrain — Registration District No. 26
Township — Primary Registration District No. 3002
City Mexico Mo (No. Audrain Hospital St. Ward)

AUG 14 1936

2. FULL NAME Cherly Alexander

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

Length of residence in city or town where death occurred — yrs. — mos. 1 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)
Male	White	Now Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Bessie McDermott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 2, 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	50	2	4	

OCCUPATION

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

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

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): Montgomery Co Mo

FATHER

13. NAME: William Alexander

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

MOTHER

15. MAIDEN NAME: Arnold Dudley

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

17. INFORMANT (ADDRESS): Maud Alexander Mexico Mo

18. BURIAL, CREMATION, OR REMOVAL. PLACE: Hoard Mo DATE: 7-8 1936

19. UNDERTAKER (ADDRESS): Jones & Wells Bellaire Mo

20. FILED July 7 1936 — B Lauche Reed Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 7 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5:30 a.m.

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

	Date of onset
Suicide shot by 22 Remington rifle in Rt. frontal region.	

Other contributory causes of importance: 107

Name of operation ... Date of ...

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? Suicide Date of injury 7/6 1936

Where did injury occur? Home near Marion Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: Shot self 22 Remington Rifle

Nature of injury: Shot Rt. frontal lobe of brain

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) James O. Helm, M. D.

(Address) New Florence Mo

Coroner Montgomery Co 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.