

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

Do not use this space.

29547

1. PLACE OF DEATH

County Stoddard
Township Liberty
City (No. , St. Ward)

Registration District No. 838
Primary Registration District No. 609813

File No. 38
Registered No.

2. FULL NAME Nancy E. Alexander

(a) Residence, No. St. Ward
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Isaac A. Alexander</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 5, 1865</u>		
7. AGE <u>75</u>	YEARS <u>1</u>	MONTHS <u>10</u>
DAYS <u> </u>		IF LESS than 1 day, hrs. or min.

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

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

13. NAME Henry B. Hardy
14. BIRTHPLACE (CITY OR TOWN) Tennessee
(STATE OR COUNTRY)

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) "
(STATE OR COUNTRY)

17. INFORMANT Issac A. Alexander
(ADDRESS) Dexter, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dowdy Cemetery DATE 7-15-36

19. UNDERTAKER Blankenship-Strickland
(ADDRESS) Dexter, Mo.

20. FILED 8-10, 1936 Alise L. Norman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-14-36, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-6-, 1936, to 7-14-, 1936.
I last saw alive on 7-10-, 1936. Death is said to have occurred on the date stated above, at 7:30 P. M.
The principal cause of death and related causes of importance were as follows:

Heat Prostration
930
Other contributory causes of importance:
Chronic Myocarditis

Name of operation none Date of
What test confirmed diagnosis? C. Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) S. S. Davis, M. D.
(Address) Dexter, Mo.

