

OCT 21 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

33878

1. PLACE OF DEATH

County Cass
 Township
 City Belton (No. _____)

Registration District No. 148
 Primary Registration District No. 4082

File No. 75
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

William W. 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. (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

Rose Alexander

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 25, 1854

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

82

2

16

OCCUPATION

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

Carpenter

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

general work

10. Date deceased last worked at this occupation (month and year)

1930

11. Total time (years) spent in this occupation

40

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

Ill.

FATHER

13. NAME

John Alexander

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

Pa

MOTHER

15. MAIDEN NAME

Lucinda Taylor

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

Indiana

17. INFORMANT (ADDRESS)

Mrs Rose Alexander
Belton Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Angust Cem.

DATE 7/13

1936

19. UNDERTAKER (ADDRESS)

E. T. George & Sons
Belton Mo

20. FILED

9-12

1936

R M Miller

Registrar

MEDICAL CERTIFICATE OF DEATH

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

9/11, 1936

22. I HEREBY CERTIFY, That I attended deceased from

9-10, 1936, to 9-11, 1936

I last saw him alive on 9-11, 1936. Death is said

to have occurred on the date stated above, at 11:45 a.m.

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

Cerebral Hemorrhage

Date of onset

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) R M Miller

, M. D.

(Address) Belton Mo

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.

