

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

Do not use this space.

DEC 3 1936

38526

1. PLACE OF DEATH

County Madawasky Registration District No. 627
Township Union Primary Registration District No. 4377
City Pickering Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

William L. Alexander
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-13-1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 79 9 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
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) Centerville Iowa

MOTHER 13. NAME John L. Alexander

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

15. MAIDEN NAME Charlotte Springs

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

17. INFORMANT (ADDRESS) J. E. Alexander Pickering Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Oct-27 1936

19. UNDERTAKER (ADDRESS) Campbell Funeral Home 951 South Main Maysville Mo.

20. FILED Oct 31 1936 Mrs. Lloyd Killian Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-24 1936

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

I last saw him _____, 19____. Death is said to have occurred on the date stated above, at 4:30 P. m.

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

Chronic myocarditis
Arterio Sclerosis
Date of onset _____

Other contributory causes of importance: _____
Name of operation None Date of _____
What test confirmed diagnosis? HIST. Exam. 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? No
If so, specify _____

(Signed) Jaeger Rowles M. D.
(Address) Marionville Mo.
Cowden Hotel Co.

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.

