

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.

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

Do not use this space.

JAN 23 1937

42195

1. PLACE OF DEATH

County Platte

Township Lee

City

Registration District No.

Primary Registration District No.

Route # 1, East Leavenworth, Missouri

File No.

Registered No.

Ward

2. FULL NAME Martha Virginia Alexander,

(a) Residence, No. Route # 1, East Leavenworth, Missouri
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 3 mos. 11 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

Edgar Alexander,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 18, 1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day,hrs.
ormin.

75

3

11

OCCUPATION

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

Housewife,

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

At home,

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

11. Total time (years)
spent in this
occupation

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) Platte County,
(STATE OR COUNTRY) Missouri

13. NAME

Thornton Tomlin,

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

Jackson County,
Missouri

15. MAIDEN NAME

Ellen Sanders,

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

Platte County,
Missouri

17. INFORMANT Mr. Edgar Alexander (husband)
(ADDRESS) Route # 1, East Leav., Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Todd Cemetery DATE Dec. 1, 1936

19. UNDERTAKER J. C. Davis Und. Co.,
(ADDRESS) Leavenworth, Kansas.

20. FILED

10130

26 Elizabeth Newman

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from
11-28, 1936 to 11-29, 1936

I last saw her alive on 11-28, 1936 Death is said
to have occurred on the date stated above, at 4:15 pm.
The principal cause of death and related causes of importance were as follows:

Encephalomalacia

Date of onset
11-20-36

Other contributory causes of importance:

hypostatic pneumonia 11-25-36

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury

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)

W. L. Pratt

M. D.

(Address)

Leavenworth, Kans.

82C

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

Do not use this space.

1. PLACE OF DEATH

County Platte
Township Lee
City _____ (No. _____)

Registration District No. 694
Primary Registration District No. 4416

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

2. FULL NAME

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 3 11

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 700 29 1936

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

I last saw _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

encephalomyelitis
arterio sclerosis
cerebral
Other contributory causes of importance:
hypertension
pneumonia

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) W. L. Pratt, M. D.

(Address) Leavenworth, Kan.

Registrar

S-42195