

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

Do not use this space.

JAN 28 1937

43999

**1. PLACE OF DEATH**

County Cape Girardeau Registration District No. 124  
 Township " Primary Registration District No. 3009  
 City Cape Girardeau (No. Mo. Hospital)

File No. \_\_\_\_\_  
 Registered No. 408  
 -St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Genevieve L. Alexander

(a) Residence, No. 1202 Broadway St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 23-1906</u>		
7. AGE YEARS <u>30.</u>	MONTHS <u>5</u>	DAYS <u>8</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>Teacher</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1935 to Dec 2 1936

I last saw him alive on Dec 2 1936 Death is said to have occurred on the date stated above, at 7:05 p. m.

The principal cause of death and related causes of importance were as follows:  
Nitral Paroquetosis Date of onset 12/7/36  
Cardiac Deosupenation

Other contributory causes of importance:  
Prostate gland disease 12/2/36

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) [Signature] M. D.  
 (Address) Cape Girardeau Mo.

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cape Girardeau</u>
	13. NAME <u>Harry Ed. Alexander</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fruitland Mo</u>
	15. MAIDEN NAME <u>Megale Jackson</u>
INFORMANT	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bloomfield Mo</u>
	17. INFORMANT (ADDRESS) <u>Miss Mary Alexander</u> <u>Cape Girardeau Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>Dec 3 1936</u>	
19. UNDERTAKER (ADDRESS) <u>Walthus Und. Co.</u> <u>Cape Girardeau Mo.</u>	
20. FILED <u>12-2-1936</u> <u>J. M. Thompson</u> Registrar.	

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

