

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

Do not use this space.

FEB 26 1937

1. PLACE OF DEATH

County Franklin

Registration District No. 289

Township Malden

Primary Registration District No. 4173

City Malden

(No. 2)

St. Malden

Ward 2

2. FULL NAME

William Franklin Alexander

(a) Residence, No. 2

St. Malden

Ward 2

(Usual place of abode)

(If nonresident, give city or town and State)

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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Angeline Alexander

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

Dec. 9 - 1852

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

84

25

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.

Retired

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

About 10 yrs. ago

11. Total time (years) spent in this occupation

✓

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

Ky.

FATHER

13. NAME

Alexander

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

Ky.

MOTHER

15. MAIDEN NAME

Dont Know

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

Dont Know

17. INFORMANT (ADDRESS)

Jas. A. Alexander

18. BURIAL, CREMATION, OR REMOVAL

PLACE Malden

DATE Jan. 5 - 1937

19. UNDERTAKER (ADDRESS)

H. L. Craig

20. FILED

1-5 - 1937

H. E. Mitchell

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Jan. 4 - 1937

22. I HEREBY CERTIFY That I attended deceased from

Jan 4th, 1937, to Jan. 4th, 1937

I last saw him alive on Jan 4th, 1937 Death is said

to have occurred on the date stated above, at 7:35 a.m.

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

Ventricular Fibrillation

Date of onset

10 minutes

Other contributory causes of importance:

Chronic Myocarditis

11 yrs

Name of operation

none

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? ✓ Date of injury Jan 4th, 1937

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)

John D. Oliver, M. D.

(Address)

Malden Mo

