

FEB 25 1937

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

Do not use this space.

1644

1. PLACE OF DEATH

48 County Jackson  
10 Township Law  
9 City Kansas City

Registration District No. 399

Primary Registration District No. 1002

File No. 425

Registered No. 1

St. 2

Ward

2. FULL NAME

Lula Williams Alexander

(a) Residence, No. 2405 Tracy

(Usual place of abode)

St.

Ward.

(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

Fe.

4. COLOR OR RACE

Col.

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

Married

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

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

Unk 1900

7. AGE

36

MONTHS

DAYS

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

OCCUPATION

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

At Home

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

225

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

11. Total time (years) spent in this occupation 1

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

Missouri 31

FATHER

13. NAME

Unknown 31

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

Unk.

MOTHER

15. MAIDEN NAME

Unk.

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

Unk.

17. INFORMANT (ADDRESS)

Jess Alexander 2405 Tracy Apt C-8

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Heatlawn

DATE

Jan. 26, 1937

19. UNDERTAKER (ADDRESS)

Mathison Bros.

20. FILED

Jan 26, 1937 M. M. Browne Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from

6/23 - 26, 1926, to 1-18, 1937

I last saw him alive on 1-18, 1937 Death is said

to have occurred on the date stated above, at 12 m.

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

C. A. of Cecum

Other contributory causes of importance:

Uterus Fistula

Name of operation Thy Ex Date of 26

What test confirmed diagnosis? Thy Ex Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?  Date of injury 1, 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?

If so, specify

(Signed)

L. W. Booker

M. D.

(Address)

2028 - Vincent

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.

I 28314

Booker