

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

Do not use this space.

JUN 17 1937

1. PLACE OF DEATH

16 County Cape Girardeau
Township Shannon
City Franklin (No.)

Registration District No. 129
Primary Registration District No. 5180

File No. 19697
Registered No. 10 St. Ward

2. FULL NAME

Oliver 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 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9, 1850

7. AGE YEARS 86 MONTHS 6 DAYS 12 If LESS than 1 day, ... hrs. or min.

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

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) Don't know 11. Total time (years) spent in this occupation

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

13. NAME Wm E. Alexander

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

15. MAIDEN NAME Ann Henley

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

17. INFORMANT Edward Alexander (ADDRESS) Clydesville Ark

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE May 23, 1937

19. UNDERTAKER Crosby & Allen (ADDRESS) Jackson Mo.

20. FILED May 22, 1937 F. J. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1935 to May 14, 1937

I last saw him alive on May 14, 1937. Death is said to have occurred on the date stated above, at 3:00 A. M.
The principal cause of death and related causes of importance were as follows:

Cardio-Renal Disease

Date of onset

Other contributory causes of importance:

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? No.
If so, specify

(Signed) B. W. Hayes M. D.
(Address) Jackson, Mo.

