

JUL 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Butler
Township
City Poplar Bluff (No. Poplar Bluff Hospital)

Registration District No. 89
Primary Registration District No. 3007

File No. 23290
Registered No. 163
St. _____ Ward _____

2. FULL NAME Minnie Alexander

(a) Residence, No. _____ St. _____ Ward Chaonia, Mo.
(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 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 M.M. Alexander

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 57 3 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Clubb, Missouri

FATHER 13. NAME Britton G. Ward

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

MOTHER 15. MAIDEN NAME Emeline

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anna, Illinois

17. INFORMANT Vern Alexander
(ADDRESS) Chaonia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wayne Co. Mo. DATE June 27, 1937

19. UNDERTAKER Greer Funeral Service
(ADDRESS) Poplar Bluff, Missouri

20. FILED 6/27 1937 Clutinger
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-12, 1937, to 6-26, 1937
I last saw her alive on 6-25, 1937 Death is said to have occurred on the date stated above, at 5: A. M.
The principal cause of death and related causes of importance were as follows:

Sarcema of thyroid gland Date of onset 1936

Other contributory causes of importance: (S)

Name of operation none Date of _____
What test confirmed diagnosis? Biopsy 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 l

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. H. [Signature], M. D.
(Address) Poplar Bluff, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important.

