

SEP 20 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

53 County Bolede
 Township Elbridge
 City _____ (No. _____ St. _____ Ward _____)

Registration District No. 451
 Primary Registration District No. 5616

File No. 31051
 Registered No. _____

2. FULL NAME

(a) Residence, No.

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elaine Morgan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 4th 1866</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>4</u>	DAYS <u>7</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>Farmer</u>
	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) Bolede Co. Mo.
(STATE OR COUNTRY)13. NAME Geo E. Alexander14. BIRTHPLACE (CITY OR TOWN) Wilton Co. Tenn
(STATE OR COUNTRY)15. MAIDEN NAME Laura Weatherly16. BIRTHPLACE (CITY OR TOWN) Tenn
(STATE OR COUNTRY)17. INFORMANT Geo. Alexander
(ADDRESS) Laborer Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Laborer Mo. DATE Aug 12 3719. UNDERTAKER Palmers
(ADDRESS) Laborer Mo.20. FILED Sep 10 19 37 Nora Cole
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11 193722. I HEREBY CERTIFY, That I attended deceased from Aug 1 1937 to Aug 10 1937I last saw him alive on Aug 6 1937 Death is saidto have occurred on the date stated above, at 2 A. M.

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

Valvular Heart Disease Date of onset 1920Other contributory causes of importance: 1920Name of operation noneWhat test confirmed diagnosis physical exam Was there an autopsy? NO

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

Accident, suicide, or homicide? NO Date of injury _____, 19____Where did injury occur? none

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noneNature of injury none24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____

(Signed) Palmers M. D.(Address) Laborer Mo.

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.

