SEP 24 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Pulaski 2
Township: Liberty 1
City: (No. , St. Ward)
Registration District No.: 712
Primary Registration District No.: 0941
File No.: 31527
Registered No.: 18

2. FULL NAME: Filton Columbus 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): Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Colvin Alexander
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 15 1862
7. AGE: Years 74 Months 7 Days 29 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 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): 1926
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wiman, Mo.

FATHER
13. NAME: Wm Alexander
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cole Co. Mo.

MOTHER
15. MAIDEN NAME: Jemima Coker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Wm. Thorton Richland, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt Union Miller Co. Mo. Aug. 15. 1937
19. UNDERTAKER (ADDRESS): None
20. FILED 8. 14 1937 Everett A. Oliver - Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 14 1937
22. I HEREBY CERTIFY, That I attended deceased from July 8 1937, to Aug 14 1937
I last saw him alive on Aug 13 1937. Death is said to have occurred on the date stated above at 7:30 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of Liver. | 1936 |

Other contributory causes of importance: Unknown

Name of operation: None Date of:
What test confirmed diagnosis? Bed Side 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, 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) Everett A. Oliver. M. D.
(Address) Richland. 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.