

OCT 18 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

33843

1. PLACE OF DEATH

County CamdenRegistration District No. 117Township OsagePrimary Registration District No. 5/67City Osage Beach (No. 1)File No. 31

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Martha Bean Beach 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

Drew Ann Alexander

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

Feb. 16 - 1866

7. AGE

YEARS

71

MONTHS

7

DAYS

8

If LESS than 1 day, hrs. or min.

OCCUPATION

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

fisherman

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)

Kaneville Mo

13. NAME

John Alexander

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

Kaneville Mo

15. MAIDEN NAME

Harriet Thompson

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

Kaneville Mo

17. INFORMANT (ADDRESS)

Drew Ann Alexander

18. BURIAL, CREMATION OR REMOVAL

PLACE Conway Cem DATE Sept 15 1937

19. UNDERTAKER (ADDRESS)

B. and W. Workers

20. FILED

Oct 10 1937 Lizzie Registrar

MEDICAL CERTIFICATE OF DEATH

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

Sept 14 1937

22. I HEREBY CERTIFY, That I attended deceased from

June 1 1937, to Sept 14 1937Last saw him alive on Sept 13 1937 Death is saidto have occurred on the date stated above, at 8:30 a.m.

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

Chronic Nephritis
Paraschymatous

Date of onset

36

Other contributory causes of importance:

Name of operation no Date of noWhat test confirmed diagnosis? Play Sign 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? noIf so, specify no(Signed) E. E. Cline M.D.(Address) Conway Cem no

