

OCT 19 1937

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

Do not use this space.

33971

1. PLACE OF DEATH

County Clay
Township
City Excelsior Springs (No.)

Registration District No. 198
Primary Registration District No. 3011

File No. 47
Registered No.
St. Ward)

2. FULL NAME Laura Isabelle Alexander

(a) Residence, No. Milwaukee St. 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 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 R. M. Alexander

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 4 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Tenn. (STATE OR COUNTRY)

FATHER 13. NAME Mrs. Johnson

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

MOTHER 15. MAIDEN NAME Martha Brynson

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

17. INFORMANT R. M. Alexander (ADDRESS) Excelsior Springs

18. BURIAL, CREMATION, OR REMOVAL PLACE Hempfling Mo DATE Sept. 9, 1937

19. UNDERTAKER R. Brynson & Son (ADDRESS) Salt Mo

20. FILED Sept. 8, 1937 Horina M. Crucken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1936 to Sept 7, 1937

I last saw her alive on Sept 5, 1937. Death is said to have occurred on the date stated above, at 6:45 A. M.

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

Carcinoma of sigmoid Date of onset about 2 years ago

Other contributory causes of importance: No

Name of operation none Date of -
What test confirmed diagnosis? X-Ray 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) John F. Grace, M. D.
(Address) Excelsior Springs 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.

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