

NOV 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County Carson  
Township Washington  
City Washington (No.     )

Registration District No. 875  
Primary Registration District No. 6162

File No. 39055  
Registered No. 288  
St.      Ward     

2. FULL NAME

(a) Residence, No. State Hospital # 2, Overmuley, 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. 14 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 Martha A. Alexander

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4, 1871

7. AGE YEARS 66 MONTHS 3 DAYS 29 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickory Co. Mo.

13. NAME Samuel Alexander

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

15. MAIDEN NAME Martha Johnson

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

17. INFORMANT Mrs. Martha A. Alexander (ADDRESS) Overmuley, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Whitland Mo DATE Nov. 5, 1937

19. UNDERTAKER (ADDRESS) Whitland Mo

20. FILED 11/4 19.37 Allen Hays Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1937, to Nov. 3, 1937

I last saw him alive on Oct. 20, 1937. Death is said to have occurred on the date stated above, at 10 P.M.

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

Arteriosclerosis  
Myocardial insufficiency  
Date of onset ?

Other contributory causes of importance: Myocardial insufficiency

Name of operation none Date of       
What test confirmed diagnosis? Clinical 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) J. J. O'Regan M. D.  
(Address) Merada, 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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