

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.

DEC 14 1937

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

Do not use this space.

1. PLACE OF DEATH

County Richmond

Registration District No. 85

Township St. Joseph Mo

Primary Registration District No. 1001

City St. Joseph Mo

File No. 40706

Registered No. 1263

St. St. Joseph Mo

Ward 2

2. FULL NAME

(a) Residence, No. Burnice Alexander

(Usual place of abode) Marion St. Mo

Ward. 2

(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

M

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

1899 ?

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

38 ?

?

?

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

None

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)

Mo

13. NAME

Austman

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

Austman

15. MAIDEN NAME

Austman

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

Austman

17. INFORMANT (ADDRESS)

State Hosp No 2

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

11/22/37

19. UNDERTAKER (ADDRESS)

Franklin Mort

20. FILED

11/22/37

MEDICAL CERTIFICATE OF DEATH

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

Nov 17 1937

22. I HEREBY CERTIFY, That I attended deceased from

Nov 4

1937

to Nov 16

1937

I last saw him alive on Nov 16 4:50 P, 1937 Death is said to have occurred on the date stated above, at 8:45 P m.

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

Uncontaminated Angina Pectoris

Other contributory causes of importance:

11501

Name of operation No Date of No

What test confirmed diagnosis? No 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 No, 19

Where did injury occur? No (Specify city or town, county, and State)

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

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify No

(Signed) Dr. Alex M. D.

(Address) State Hospital Mo 2

