

DEC 16 1937

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

Do not use this space.

41018

1. PLACE OF DEATH

County Lepton
Township
City Plattsburg Mo. (No. _____)

Registration District No. 207
Primary Registration District No. 4135

File No. _____
Registered No. 151
St. _____ Ward _____

2. FULL NAME

(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 70 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 Single
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 8 29

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeping

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) Texas

13. NAME Wm Sheridan Alexander

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

15. MAIDEN NAME Louise Kaufman

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

17. INFORMANT E. Anna Weiland
(ADDRESS) Plattsburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE Oct 22 1937

19. UNDERTAKER W. W. ...
(ADDRESS) Plattsburg Mo.

20. FILED 10/21 1937 C. C. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10 1937

22. I HEREBY CERTIFY, That I attended deceased from July 15 1937 to Oct 20 1937

Last saw her alive on Oct 19 1937. Death is said

to have occurred on the date stated above, at 8.9 a.m.

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

Myocarditis

Date of death July

Other contributory causes of importance: 41

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) C. C. ..., M. D.

(Address) Plattsburg Mo.

WRITE PLAINLY, WITH UNFAVING INK---THIS IS A PERMANENT RECORD

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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