

DEC 20 1937

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

Do not use this space.

41621

1. PLACE OF DEATH

County Jasper
Township Jasper
City Granada (No. _____, _____ St. _____ Ward _____)Registration District No. H 13
Primary Registration District No. 42 H 5File No. _____
Registered No. 60

2. FULL NAME

(a) Residence, No. Granada St. _____ Ward _____
(Usual place of abode)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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Alexander6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 19, 18667. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 10 218. Trade, profession, or particularly kind of work done, as spinner, sawyer, bookkeeper, etc. Grainman
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 occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas13. NAME J. E. Alexander14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia15. MAIDEN NAME Mary Crossman16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Child Anna Alexander (ADDRESS) Granada, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Granada Cemetery DATE Nov. 11, 193719. UNDERTAKER W. H. Nelson Funeral Home (ADDRESS) Mill Creek City, Mo.20. FILED Dec 1, 1937 Harry A. Weaver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 10, 193722. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937 to Nov 5, 1937I last saw him alive on about Nov 5, 1937. Death is said to have occurred on the date stated above, at 1 a.m.

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

Chronic Interstitial Nephritis Date of onset 131

Other contributory causes of importance:

Cerebral HemorrhageName of operation Meningeal Date of _____What test confirmed diagnosis? 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? None

If so, specify _____

(Signed) J. H. Larson M. D.(Address) Jasper, 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.

