JAN 21 1938 1938

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

Do not use this space.

607 ✓

46168

1. PLACE OF DEATH
County New Madrid
Township Portage
City Portageville No.
Registration District No. 607
Primary Registration District No. 5806
File No. 46168
Registered No.
St. Ward

2. FULL NAME Jefferson Mott Alexander

(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 ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-1-1850

7. AGE YEARS 87 MONTHS 10 DAYS 12 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION
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) Ky
(STATE OR COUNTRY)

FATHER
13. NAME Marshall Alexander
14. BIRTHPLACE (CITY OR TOWN) Ky
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Mary Marshall
16. BIRTHPLACE (CITY OR TOWN) Ky
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Thos Alexander Portageville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Evergreen DATE 12-14 187

19. UNDERTAKER (ADDRESS) Hill Bros Gilbourn Mo

20. FILED Jan 10 1938 Mary W. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-13 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1937 to Dec 13 1937
I last saw him alive on Dec 13, 1937 Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

Infirmities of Age

	Date of onset

Other contributory causes of importance: Arterio-sclerotic Heart Disease a Failure 12-13-37

Name of operation none Date of
What test confirmed diagnosis? none 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 none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Raymond C. Jones M. D.
(Address) Portageville, Mo.