

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 3 APR 20 1938

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

11220

Do not use this space.

## 1. PLACE OF DEATH

(a) County Laclede(b) Township Lebanon(c) City Lebanon

(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 449Primary Registration District No. 4267(d) Street No. Wallace Hospital

(If death occurred in Hospital or Institution, write its name instead of street and number)

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

Registered No. \_\_\_\_\_

## 2. PRINT FULL NAME

(a) Residence, No. 409 Pear St. St. Mo.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

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

Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Josephine Esther

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

Nov 11 1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, ..... hrs.

or ..... min.

OCCUPATION

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

Farmer

9. Industry or business in which work was done, as 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)

EldredgeMo.

FATHER

13. NAME Mathew H? Alexander

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

NashvilleTenn

MOTHER

15. MAIDEN NAME Lucinda Martain

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

NashvilleTenn17. INFORMANT (ADDRESS) Ray Alexander  
Lebanon Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE F. BRIGHT CEMETARY DATE MAR 18 193819. FUNERAL DIRECTOR (ADDRESS) Palmer's  
Lebanon Mo.20. FILED 3-17-38 J. A. McComb  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 14th 193822. I HEREBY CERTIFY, That I attended deceased from Mar. 12, 1938, to Mar. 14, 1938I last saw him alive on Mar. 14, 1938 Death is said to have occurred on the date stated above, at 4 p. m.

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

mitral insufficiency

Date of onset

1937Other contributory causes of importance: 92%

Name of operation \_\_\_\_\_ 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 \_\_\_\_\_

Nature of injury \_\_\_\_\_

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

If so, specify \_\_\_\_\_

(Signed) H. A. Hamilton, M. D.(Address) Lebanon, Mo.

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**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

\_\_\_\_\_ Licensed Embalmer No. \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**