

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.

REC'D MAY 13 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County *Plymouth*Township *Steele*City *Willsie*(No. *7*)Registration District No. *655*Primary Registration District No. *4882*File No. *15476*

Registered No. _____

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(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

Female

4. COLOR OR RACE

White

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

Married

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

R. H. Alexander

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

Jan 13, 1906

7. AGE

YEARS

MONTHS

DAYS

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

*31**10**20*

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

Housewife

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)

Tennessee

FATHER

13. NAME

Bill Benson

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

Tennessee

MOTHER

15. MAIDEN NAME

Nannie Patterson

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

Tennessee

17. INFORMANT (ADDRESS)

*R. H. Alexander
Steele Mo.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Winn Chapel* DATE *Nov 4, 1937*

19. UNDERTAKER (ADDRESS)

*Shackelford Funeral Dir.
Steele Mo.*

20. FILED

5/10, 28 R. H. Benson

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 3, 1937*22. I HEREBY CERTIFY, That I attended deceased from *Oct 16, 1937, to Nov 1, 1937*I last saw her alive on *Nov 1, 1937*. Death is saidto have occurred on the date stated above, at *6:00 A.M.*

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

Date of onset

*Gall bladder infection
Possible Stone*

Other contributory causes of importance:

126°

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) *J. R. Chapman*

M. D.

537(Address) *Steele Mo*

