

REC'D JUN 17 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

19169

1. PLACE OF DEATH

County Stoddard Registration District No. 668 File No. 154
 Township Stoddard Primary Registration District No. 3032 Registered No. 668
 City Stoddard (No. Stoddard Memorial Hospital) Ward

2. FULL NAME

Lora Jones Alexander
 (a) Residence, No. 456 Warrior St. Marshall Ward 425
 (Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. 5 mos. ✓ ds. How long in U.S., if of foreign birth Native born

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9, 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 7 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Her home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Her home
 10. Date deceased last worked at this occupation (month and year) Dec. 1937 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Longwood Missouri13. NAME Clement Jones14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois15. MAIDEN NAME Salinda Harvey16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 5 mi. S.W. of Longwood Mo.17. INFORMANT (ADDRESS) Van Jones, brother Stoddard, Stoddard Mo.

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (ADDRESS) J. L. Suppney Marshall20. FILED 5-16 1938 Jerrell Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1938

22. I HEREBY CERTIFY That I attended deceased from April 30, 1938 to May 16, 1938
 Last saw her alive on May 16, 1938 Death is said

to have occurred on the date stated above, at 12:15 m.
 The principal cause of death and related causes of importance were as follows:

Tuberculosis military Pulmonary acute 1937

Other contributory causes of importance: Influenza Dec 1937

Name of operation No operation Date of ✓
 What test confirmed diagnosis clinical 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 1938
 Where did injury occur? No injury (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No injury

Manner of injury No injury
 Nature of injury No injury

24. Was disease or injury in any way related to occupation of deceased? ✓
 If so, specify Cholera Stoddard, Mo.

(Signed) Edwards M. D.
 (Address) Stoddard, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 9 1949