

REC'D SEP 20 1938

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

28665

Do not use this space.

1. PLACE OF DEATH

(a) County Way Registration District No. 201
(b) Township Liberty Primary Registration District No. 580 Registered No.
(c) City (d) Street No. 200 E. Home Liberty Mo 73 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 12 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME HENRY ALEXANDER 405

(a) Residence, No. Liberty Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31 1938

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

22. I HEREBY CERTIFY, that I attended deceased from Sept 1 to Sept 31 1938

I last saw him alive on Aug 31 1938 Death is said to have occurred on the date stated above, at 11 a.m.

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

Senility

Date of onset

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 84 YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 6 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unknown
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 41

Other contributory causes of importance: 16 1/2'12. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Lynn Co. Mo

FATHER 13. NAME James J. Alexander
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Elizabeth Reed
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

17. INFORMANT Old Fellow's Home Assoc (ADDRESS) Liberty Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Alford Cem. DATE 8/31 1938

19. FUNERAL DIRECTOR Walter Weirhoffer (ADDRESS) Liberty Mo.20. FILED 873 1938 E T Brent Local Registrar.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 injury24. Was disease of injury in any way related to occupation of deceased? If so, specify A. Matthews (Signed) Liberty Mo M. D.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9/3/38

STATEMENT BY LICENSED EMBALMER

I, Walter H. Kelly, Licensed Embalmer No. 3946
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E. yes
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Walter H. Kelly
Licensed Embalmer No. 3946

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

28665-
Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 201
 (b) Township Liberty Primary Registration District No. 3280 Registered No.
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Alexander

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jul-18-1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 6 12

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

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

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 10/20, 1918 E T Brent Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31, 1918

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on, 19..... Death is said to have occurred on the date stated above, at.....m.

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

sepsis
 Date of onset

Other contributory causes of importance:

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) F. H. Matthews, M. D.
 (Address) Liberty

SUPPLEMENTARY

1938

S-28645