

DEC'D SEP 16 1938

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

29799
Do not use this space.

1. PLACE OF DEATH

(a) County Schnyler Registration District No. 719
(b) Township Elem Primary Registration District No. 595-0
(c) City Near Worthington Mo (d) Street No. 10
(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 James L. Alexander

(a) Residence, No. 425 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Martha Alexander (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec, 10 1855
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 7 24
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 Life

12. BIRTHPLACE (CITY OR TOWN) Hendrix Co, (STATE OR COUNTRY) Indiana

13. NAME Moses Alexander

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

15. MAIDEN NAME Sarah Bird

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

17. INFORMANT Mrs Martha Alexander (ADDRESS) Worthington Mo,

18. BURIAL, CREMATION, OR REMOVAL PLACE Brasfield Cem, DATE Aug 5, 1938

19. FUNERAL DIRECTOR William N. West (ADDRESS) Queencity Mo,

20. FILED August 28 Mamie Martin Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-4-1938

22. I HEREBY CERTIFY, That I attended deceased from Aug-3-, 1938 to Aug-4-, 1938

I last saw him alive on Aug-4-, 1938 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:

Acute Myocarditis Date of onset Aug 3

93 A

Other contributory causes of importance: Calities

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? no

If so, specify □

(Signed) P. V. Hart, M. D.

(Address) Coatsville Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-38-74

Date Filed 9-14-38

STATEMENT BY LICENSED EMBALMER

Wm A West

Licensed Embalmer No.

2882

hereby certify that the body recorded on the reverse side of this certificate was ~~embalmed~~ by *Cared for my self*

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 the above constitutes grounds for revocation of license.)