MAY 22 1939

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

15278
Do not use this space.

1. PLACE OF DEATH
(a) County LACLEDE
(b) Township
(c) City or LEBANON
Registration District No. 449
Primary Registration District No. 4267
Registered No.
(d) Street No. WALLACE HOSPITAL 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 425 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARY ALEXANDER
(a) Residence, No. 313 POLK AVE St.
(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF GEORGE ALEXANDER
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 7, 1871
7. AGE Years 67 Months 7 Days 15 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSE WIFE
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) CAMDEN Co. (STATE OR COUNTRY) MO 0

FATHER
13. NAME MARK BURK 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO. 0

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

17. INFORMANT GEO Alexander (ADDRESS) Lebanon Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Lebanon Mo DATE April 24 39
19. FUNERAL DIRECTOR (NAME) PALMER'S (ADDRESS) LEBANON Mo.
20. FILED 4/29 1939 J A McCoub Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APR. 22, 1939
22. I HEREBY CERTIFY, That I attended deceased from April 16th, 1939, to April 22nd, 1939
I last saw h. alive on April 22nd, 1939. Death is said to have occurred on the date stated above, at 7:30 P.m.
The principal cause of death and related causes of importance were as follows:

Double Lobar pneumonia — Date of onset 4/16/39

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? Ph. Exam 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) P. Cunningham, M. D.
(Address) Lebanon Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 7,
District File Number 7-29-82
Date Filed 5-12-29

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed D A Palmer

Licensed Embalmer No. 1161

P. O. Address Lebanon Mo

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

If this body is not embalmed, above space should be left blank.