

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.

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

Do not use this space.

JUN 14 1939

1. PLACE OF DEATH

County BuchananRegistration District No. 85File No. 18045Township WashingtonPrimary Registration District No. 1001Registered No. 484City St. Joseph, Missouri (No. 425)St. Joseph Hosp St. Ward 2. FULL NAME Edward Alexander(a) Residence, No. St. Joseph St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

yrs.

mos.

ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 7, 1939

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 0 hrs. or 0 min.

OCCUPATION

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

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) St. Joseph, Missouri
(STATE OR COUNTRY) (St. Josephs Hospital)

FATHER

13. NAME Marion Edward Alexander14. BIRTHPLACE (CITY OR TOWN) Saskatoon Sask.
(STATE OR COUNTRY) CANADA

MOTHER

15. MAIDEN NAME Cornelia Meeder16. BIRTHPLACE (CITY OR TOWN) Endora
(STATE OR COUNTRY) KANSAS17. INFORMANT Marion Edward Alexander
(ADDRESS) 2413 So 28th St. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lawrence, Kans DATE May 10 193919. UNDERTAKER Schubert Funeral Home
(ADDRESS) Lawrence Kans20. FILED May 8 1939 H. G. Nestle Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 7, 193922. I HEREBY CERTIFY, That I attended deceased from MAY 7, 1939, to , 1939I last saw him alive on St. Joseph Death is saidto have occurred on the date stated above, at St. Joseph

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

Remature Separation
of Placenta

Date of onset

5-7-395-7-39

Other contributory causes of importance:

Name of 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 , 1939Where 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? NoIf so, specify (Signed) Frank E. Hoptman M. D.(Address) St. Joseph, Missouri

