

FILED FEB 7 1940

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

Do not use this space.

4150

1. PLACE OF DEATH

County *Webster* ³

Registration District No. *898*

Township *6*

Primary Registration District No. *6203*

City *Fordland* (No.)

St.

Ward)

2. FULL NAME *Lynn Carlisle Alexander*

(a) Residence, No.

St.

Ward.

Length of residence in city or town where death occurred *20* yrs.

mos.

ds.

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

yrs.

mos.

ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M*

4. COLOR OR RACE *W*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 1 1890*

7. AGE

YEARS *50*

MONTHS *0*

DAYS *17*

If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *farmer*

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) *Springfield Illinois*

13. NAME *Victor H. Alexander*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Springfield Illinois*

15. MAIDEN NAME *Jarvis Bagnenger*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Springfield Illinois*

17. INFORMANT *Calvin F. Alexander*

(ADDRESS) *1327 S. 1st St. St. Louis, Mo.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Okla. City* DATE *Feb 2 1940*

19. UNDERTAKER *Kelley-Guyell*

(ADDRESS) *Fordland, Mo.*

20. FILED *Feb. 2, 1940*

Rester Dr. Good

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 27 1940*

22. I HEREBY CERTIFY, That I attended deceased from

19....., to

19.....

I last saw h..... alive on, 19..... Death is said

to have occurred on the date stated above, at *6:00 P.M.*

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

Natural Causes

Date of onset

Other contributory causes of importance: *7:00 P*

Name of operation

Date of

What test confirmed diagnosis?

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? *5*

If so, specify

(Signed) *F. H. Kelley, Coroner*

(Address) *Seymour, Missouri*

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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.

1962

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INDEX CARD RETURNED TO DISTRICT
DATE 7-2-62

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