

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

35827

Do not use this space.

FILED NOV 25 1940

PLACE OF DEATH

(a) County **Mercer**

(b) Township **Madison**

(c) City

(d) Street No.

Registration District No. **334**

Primary Registration District No. **3748**

Registered No. **13**

(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 **Elisha Daniel Alexander**

(a) Residence, No. **Cainsville Mo Rural**

(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

Male

4. COLOR OR RACE

White

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

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Mahala June Alexander

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

5/2

1847

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

92

93

5

16

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Indiana

FATHER

13. NAME

Thomas Alexander

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

Not known

MOTHER

15. MAIDEN NAME

Not known

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

not known

17. INFORMANT (ADDRESS)

Mrs. Ves Dinsmore. Cainsville Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Goshen Mo. DATE 10/20 - 40

19. FUNERAL DIRECTOR (ADDRESS)

J. M. Chambers Mrs. Moriah Mo.

20. FILED

Oct 31 1940

Mrs. C. and Thomas Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

10/18/1940

22. I HEREBY CERTIFY, That I attended deceased from **October 12 1940** to **Oct 18 1940**

I last saw him alive on **Oct. 17 1940** 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:

Coronary Occlusion

Date of onset

10-12 1940

Other contributory causes of importance:

Cardio-vascular-renal syndrome.

Years

Name of operation

Date of

What test confirmed diagnosis? **Phys.** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? **Neither** Date of injury _____ 19 _____

Where did injury occur? **No** (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)

(Address)

Asbury, M. D. Bristol, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, J. M. Chambers, Licensed Embalmer No. 2109
hereby certify that the body recorded on the reverse side of this certificate was embalmed by my self

L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed J. M. Chambers
Licensed Embalmer No. 2109

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