

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

Do not use this space.

37480

PLACE OF DEATH

County Henry Registration District No. 347
 Township Leesville Primary Registration District No. S.S.O.I.A.
 City Cole (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 129

2. FULL NAME Forrest Willis Alexander

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|--|
| 3. SEX <u>male</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 23, 1917</u> | | |
| 7. AGE | YEARS <u>14</u> | MONTHS <u>1</u> |
| | DAYS <u>13</u> | IF LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>attended school</u> | |
| | 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) (STATE OR COUNTRY) <u>Cole Mo.</u> | | |
| FATHER | 13. NAME <u>Forrest Everette Alexander</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Henry Mo.</u> | |
| MOTHER | 15. MAIDEN NAME <u>Janet Miewald</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Henry Mo.</u> | |
| 17. INFORMANT <u>Everette Alexander</u> (ADDRESS) <u>Cole, Mo.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Olivet</u> DATE <u>Nov 1931</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Windsor, Missouri</u> | | |
| 20. FILED <u>12/15</u> 19 <u>31</u> <u>Ed C. Reel</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1931, to Nov 6, 1931
 I last saw him alive on Nov 6, 1931. Death is said to have occurred on the date stated above, at 2 P.M.
 The principal cause of death and related causes of importance were as follows:
Endocarditis
Rheumatism
 Date of onset _____

Other contributory causes of importance: _____

Name of operation None 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? No
 If so, specify _____
 (Signed) J. A. Blackmore M. D.
 (Address) Windsor, 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.

