

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

Do not use this space.

40742

**1. PLACE OF DEATH**

County Henry Registration District No. 349  
 Township Springfield Primary Registration District No. 3508  
 City (No. ) St. Ward

File No. \_\_\_\_\_  
 Registered No. 38

**2. FULL NAME** John W. Alexander

(a) Residence, No. St. Ward.

(Usual place of abode)  
 Length of residence in city or town where death occurred 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 5 10

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

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) Benton County  
 (STATE OR COUNTRY) Missouri

13. NAME David Alexander

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

15. MAIDEN NAME Sarah McDaniels

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

17. INFORMANT Everett Alexander  
 (ADDRESS) Cole Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet DATE 12-15-31 19

19. UNDERTAKER HUSTON'S FUNERAL CHAPEL  
 (ADDRESS) Windsor, Missouri

20. FILED Dec 17 19 31 Mrs. A. Q. Gray  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1931, to Dec 13, 1931.  
 I last saw him alive on Dec 10, 1931. Death is said to have occurred on the date stated above, at 12:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Valvular Heart Disease  
(Mitral Regurgitation)

92A  
56E

Other contributory causes of importance: Chromatium

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) L. A. Blackmon, M. D.  
 (Address) Windsor, Mo.

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.

ON RECORDS—THIS IS A PERMANENT RECORD

