

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

Do not use this space.

APR 1 7 1935

8899

1. PLACE OF DEATH

County Henry

Registration District No. 14

Township

Primary Registration District No. 4211

City Windsor

(No. _____) St. _____ Ward _____

File No. _____

Registered No. 7

2. FULL NAME Mrs. Sarah Ann Alexander

(a) Residence, No. Windsor, Missouri 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 29, 1865

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
|--------|-------|--------|------|--|
| | 69 | 6 | 12 | |

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

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) Henry County
(STATE OR COUNTRY) Missouri

13. NAME Mr. Hollis

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

15. MAIDEN NAME Frances Sheaffer

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

17. INFORMANT Mrs. Rolla Soles
(ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet DATE March 13, 1935

19. UNDERTAKER Huston-Turner Mortuary
(ADDRESS) Windsor, Missouri

20. FILED March 13, 1935 J. J. Jennings
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1935 to March 11, 1935

I last saw him alive on Feb 10, 1935. Death is said to have occurred on the date stated above, at 11 p. M.

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

Mitral Stenosis Date of onset _____

Other contributory causes of importance: Acute Indigestion

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) H. M. M. M. M., 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.

OCCUPATION
FATHER
MOTHER

