

JAN 20 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

45421

1. PLACE OF DEATH

County Linn
 Township Locust Creek
 City Linneus

Registration District No. 501Primary Registration District No. 1324

File No.

Registered No.

St. Ward

2. FULL NAME

Mildred D. 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Elmer Alexander

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 6th. 1880

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

56 8 19

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

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) Linn County
 (STATE OR COUNTRY) Missouri

13. NAME George W. Cooper

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

15. MAIDEN NAME Mildred Gooch

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

17. INFORMANT Elmer Alexander
 (ADDRESS) Linneus, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Morris Chapel DATE 12/27/1936

19. UNDERTAKER Thorne Undertaking Co.
 (ADDRESS) Linneus, Missouri

20. FILED Jan 8 1937 J. W. Hill
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/25/1936 19

22. I HEREBY CERTIFY, That I attended deceased from December 24 to Dec 25, 1936

I last saw h. c. v. alive on Dec 18, 1936 Death is said

to have occurred on the date stated above, at 8:30 A.M.

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

Cerebral hemorrhage Date of onset 12-25-36

Other contributory causes of importance:

Arteriosclerosis
Hypertension

Name of operation

What test confirmed diagnosis? — Date of —

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)

(Address)

M. D.

