

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

Do not use this space.

26956 3569

1. PLACE OF DEATH

County Jackson
Township Blue
City K.C. Mo. (No. 353)

Registration District No. 353
Primary Registration District No. 2976
Leeds Hospital

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Wm Alexander
(a) Residence No. 1721 Virginia St. 4 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 4 mos. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Cobred 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 27 - 1890

7. AGE YEARS 38 MONTHS 8 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Musician
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Sedalia (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Wm Alexander

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Sarah Perry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT J.B. Hospital (Address) Leeds Mo.

15. FILED 8-30, 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 29 1930

17. I HEREBY CERTIFY, That I attended deceased from July 3 1930 to Aug 29 1930 (the) I last saw h. _____ alive on Aug 29 1930, and that death occurred, on the date stated above, at 6:20 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Pulmonary Tuberculosis
23A (duration) 2 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) none (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE AND DISEASE CONTRACTED unknown
IF NOT AT PLACE OF DEATH, _____
IF OPERATION PRECEDE DEATH, _____ DATE OF _____

19. WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Chemical laboratory
(Signed) Edward H. Lee M. D.

Aug 29, 1930 (Address) 1830 Vinnet KC Mo
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Highland Cemetery DATE OF BURIAL Sept 1, 1930

20. UNDERTAKER West Appleton ADDRESS 1600 E. 19th

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.

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