

13010-1

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

Do not use this space.

1. PLACE OF DEATH

County Webster
Township Mangum
City _____ (No. _____) St. _____ Ward _____

Registration District No. 980
Primary Registration District No. 6207

File No. 13010-4
Registered No. _____

2. FULL NAME

(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 Newt Alexander

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11 6 1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
60 11 6

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) Always 1. Total time spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER FATHER 13. NAME Don't know

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

15. MAIDEN NAME Don't know

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

17. INFORMANT N. M. Alexander
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Mangum DATE Mar 29, 1931

19. UNDERTAKER (ADDRESS) Fred Fly

20. FILED July 9, 1931 H. C. Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 27, 1931

22. I HEREBY CERTIFY, that I attended deceased from Mar 25, 1931, to Mar 27, 1931

I last saw her alive on Mar 27, 6 p.m. Death is said to have occurred on the date stated above, at _____ m.

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

67A
Apoplexy

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? (1)

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? _____

If so, specify _____

(Signed) W. T. Schlicht, M. D.

(Address) Mangum Mo

1931-3-27

60-11-35

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