WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

SEP 21 1934

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

Do not use this space.

29142

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township ~~Blue~~ — Primary Registration District No. 3019 — Registered No. 270
City Indep Mo. (No. Indep San St. Ward)

2. FULL NAME Lenwell Opat Alexander
(a) Residence, No. R.R. 4 Box 660 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 W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herbert Alexander
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19, 1906
7. AGE YEARS 27 MONTHS 11 DAYS 23 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) (STATE OR COUNTRY) Olka ?

FATHER
13. NAME Richard Hale
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co. Mo.

MOTHER
15. MAIDEN NAME Margaret Stephens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Co Mo.

17. INFORMANT (ADDRESS) Herbert Alexander Indep Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Eldon Mo DATE 8-14 1934
19. UNDERTAKER (ADDRESS) C. D. Carson Indep Mo.
20. FILED Aug 14, 1934 F. L. Cook Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12, 1934
22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934 to Aug 12, 1934
I last saw her alive on Aug 12, 1934 Death is said to have occurred on the date stated above, at 1115 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	
1416	
1417 Pregnancy	
930	

Other contributory causes of importance: Acute Dilatation of Stomach

Name of operation Caesarean Sect. Date of Aug 9th
What test confirmed diagnosis? Autopsy, Was there an autopsy? yes

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) Paul A. G. Johnson, M. D.
(Address) 920 Newton

100M-11-24-33

#2 Jackson.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Bennie Opal Alexander

Who died at _____ on Aug - 12 - 1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex F. Color or race W ~~Single~~, married, ~~widowed or divorced~~: _____

Date of birth _____ Age: Years 27 Months 11 Days 23

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month 1 4 9 a Year

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Myocardial Degeneration (Pregnancy, Pregnancy contributed to Apathy, no Puerperal Infection)

Other contributory causes of importance Acute dilatation of Stomach

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician Paul A. G. Johnson

Address of physician 920 Newton ave K. C. Mo

Signature of Registrar A. F. L. Cook Date filed 10/6/34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. McGaugh
State Registrar

Reg. Dist. No. 398

Primary Reg. Dist. No. 3019

Special Agent. K.

529141