

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

Do not use this space.

DEC 26 1934

42603

39  
1. PLACE OF DEATH *Greene*  
County.....  
Township.....  
City.....  
2. FULL NAME *H. H. Alexander*  
(a) Residence, No. *369 W. Chase* 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.

Registration District No. *318*  
Primary Registration District No. *2001*  
File No. *608*  
Registered No. ....  
St. .... Ward)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 5 - 1844*  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*90 2 7*  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired Farmer*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *on farm*  
10. Date deceased last worked at this occupation (month and year) ..... 14. Total time (years) spent in this occupation.....  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*  
13. NAME *James Alexander*  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill.*  
15. MAIDEN NAME *Ford*  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*  
17. INFORMANT *Evelyn H. Alexander*  
(ADDRESS) *Cleveland Okla.*  
18. BURIAL, CREMATION, OR REMOVAL PLACE *National Cemetery* DATE *Dec 14 1934*  
19. UNDERTAKER (ADDRESS) *J. W. Shugrue & Co., Springfield, Mo.*  
20. FILED *12 13 1934*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 12 1934*  
I HEREBY CERTIFY, That I attended deceased from *Dec 1 1934* to *Dec 12 1934*  
I last saw him alive on *Dec 11 1934*. Death is said to have occurred on the date stated above, at *12:15 A.M.*  
The principal cause of death and related causes of importance were as follows:  
*the Valvula Heart trouble (Mitral Regurgitation and Aortic Stenosis)*  
Date of onset  
Other contributory causes of importance:  
*Infirmities of age*  
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? *no* 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 *no*  
(Signed) *Chas Suckey* M. D.  
(Address) *200 W. Corn St*

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  
MOTHER  
FATHER

*Alfred W. Sampson*

THE STATE BOARD OF HEALTH  
OF MISSOURI

DEC 21 1924

