

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

Do not use this space.

1. PLACE OF DEATH

County Clay
Township Liberty
City Liberty (No. _____)

Registration District No. 201
Primary Registration District No. 3012

File No. 36655
Registered No. 97
St. _____ Ward _____

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 <u>Male</u>		4. COLOR OR RACE <u>Negro.</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed.</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Alexander.</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>unknown</u>					
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.	
<u>about 6</u>	<u>9</u>	<u>-</u>	<u>-</u>		
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>Laborer.</u>					
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Gen.</u>					
(c) Name of employer					
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Liberty Mo</u>					
10. NAME OF FATHER <u>Alfred Alexander</u>					
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>					
12. MAIDEN NAME OF MOTHER <u>Kittie Thompson</u>					
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>					

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 7th 1929

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 7 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Typhoid Fever
97

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 97

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. H. Young, M. D.
11/4. 1929 (Address) Liberty, Clay Co. 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.

14. INFORMANT Vernie Alexander
(Address) Liberty, Mo

15. FILED 17/10/29 W. H. Jackson
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL
Tauvaine Liberty Mo

20. DATE OF BURIAL
11/6/29

21. UNDERTAKER
Chapel - Archer Co Liberty Mo

ADDRESS

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.

