

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

Do not use this space.

40456

1. PLACE OF DEATH

County Cole
Township Marion
City _____ (No. _____) _____ St. _____ Ward _____

Registration District No. 211
Primary Registration District No. 5291

File No. _____
Registered No. 3

2. FULL NAME

Prudence Virginia Alexander

(a) Residence, No. R #1 Caterston Mo. 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 F. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed (Circle the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 11 10

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

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) Wrightsboro Mo

FATHER 13. NAME Rudleton, Amica

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

MOTHER 15. MAIDEN NAME Marie Feltz

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

17. INFORMANT (ADDRESS) Mrs. Fairs, Andrew, Caterston Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Caterston Cemetery DATE Jan. 2, 1932

19. UNDERTAKER (ADDRESS) Jefferson City Mo.

20. FILED Jan. 2, 1932 H. I. Leach, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1931, to Dec 30, 1931. I last saw her alive on Dec 30, 1931. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:
Stroke
Arteriosclerosis of large
Artery of the brain
by the subarachnoid
space
2 1/2 years treated her
2 1/2 before

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis _____ Was there an autopsy? no

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) H. I. Leach, M. D.
(Address) Elston Mo.

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.

JAN 20 1932

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