

FILED JUL 10 1942

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

Do not use this space.

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1. PLACE OF DEATH *Ray*  
 County *Ray* Registration District No. *945-74287* File No. \_\_\_\_\_  
 Township *Missville* Primary Registration District No. *6256* Registered No. *11*  
 City *R.R.* (No. *44429477*) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *WILLIAM EDGAR ALEXANDER*  
 (a) Residence, No. *R.R.* St. \_\_\_\_\_ Ward *0*  
 (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 *M. O* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 19 - 1864*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
*77 7 16*

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*  
 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) *miss. co. mo.*

MOTHER  
 13. NAME *Louis Alexandu*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*  
 15. MAIDEN NAME *Sarah Rowan*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

FATHER  
 17. INFORMANT *Geo. Alexandu*  
 (ADDRESS) *Rayville mo*  
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Missville* DATE *6-5-42*  
 19. UNDERTAKER *Alespang & Crowley*  
 (ADDRESS) *Rayville mo*  
 20. FILED *6/12* 19*42* *W. A. Seal*  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 4 1942*

22. I HEREBY CERTIFY That I attended deceased from *May 26* 19*42* to *June 4* 19*42*  
 I last saw *him* alive on *June 4* 19*42* Death is said to have occurred on the date stated above, at *11:55 a.m.*  
 The principal cause of death and related causes of importance were as follows:  
*Cerebral Hemorrhage* Date of onset *May 26 1942*  
*Arterial Hypertension*  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? *clinical* 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) *W. W. Gainer*, M. D.  
 (Address) *Richmond 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.

RECEIVED

District Health Officer No. 3,

District File Number.....

Date Filed 7-8-42