

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.

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

19232-9

1. PLACE OF DEATH

County Ray
Township East
City Carroll (No.)

Registration District No. 129
Primary Registration District No. 4434

File No.
Registered No. 7 St. Ward)

2. FULL NAME

Sarah Martha Alexander

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 12, 1840

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
87 3 14 or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Huntsville
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Robert Belcher

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kenn
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Wright

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kenn
(STATE OR COUNTRY)

14. INFORMANT Effie Houston
(Address) Carroll, Mo

15. July 10, 1927 Dr. J. P. Allen
FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 26, 1927

17. I HEREBY CERTIFY, That I attended deceased from June 10, 1927, to June 26, 1927
that I last saw h. or alive on June 26, 1927, and that death occurred, on the date stated above, at 8:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1st. Apoplexy
575 (duration) 1 yrs. mos. da.

CONTRIBUTORY (SECONDARY) Rheumatism
(duration) 1 yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH..... X DATE OF X
WAS THERE AN AUTOPSY..... X

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Dr. J. P. Allen, M. D.
June 27, 1927 (Address) Carroll, 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Pleasant Hill DATE OF BURIAL June 28, 1927

20. UNDERTAKER Andrew Minor ADDRESS Huntsville, Mo.

