

MAR 21 1928

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

6000

1. PLACE OF DEATH

County Randolph
 Township Huntsville
 City Huntsville (No.)

Registration District No. 733
 Primary Registration District No. 438

File No.
 Registered No. 14
 St. Ward)

2. FULL NAME

Martha Rose Alexander

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (circle the word)

Female white Single

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

July 16, 1849

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

78

5

3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Randolph co.

10. NAME OF FATHER

Rice Alexander

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kenn

12. MAIDEN NAME OF MOTHER

Martha Snel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Vine

14.

INFORMANT
 (Address)

Sarah Martha Butler
Neberly mo

15.

940 Catherine St.
Huntsville
Mar 23, 1928

G. S. Bragg

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Feb 19, 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan., 1927, to Feb. 19, 1928, that I last saw her alive on Feb. 17, 1928, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ch. Sho - Colitis

1178 11012 11012 (duration) 1 yrs. mos. da.

CONTRIBUTORY (SECONDARY)

Gatie Liders (duration) 1 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

18. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) G. S. Bragg, M. D.
3/3, 1928 (Address) Huntsville

*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

DATE OF BURIAL

Salinas Cem.

Feb 20, 1928

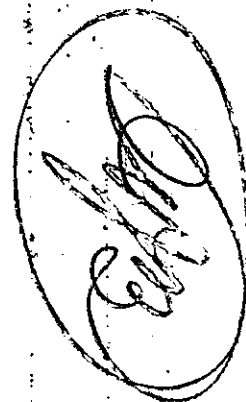
20. UNDERTAKER

ADDRESS

Andrew Minor

Huntsville
mo

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.



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