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 [struck out]
City Huntsville (No. .... St. .... Ward)

Registration District No. 733
Primary Registration District No. 4438

File No. ....
Registered No. 14

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): 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 78, Months 5, Days 3. If LESS than 1 day, ... hrs. or .... min.

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.

PARENTS

10. NAME OF FATHER Rice Alexander
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kenn
12. MAIDEN NAME OF MOTHER Martha Snell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Vir.

14. INFORMANT Sarah Martha Butler
(Address) Moberly Mo.
946 Rothwell St.

15. Mar 3, 1928 G. G. 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:
Chr. Ileo-Colitis
[illegible]
(duration) 1 yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) Gastric Ulcers
(duration) 1 yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? .... DATE OF ....
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) G. G. 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: Salem Cem.
DATE OF BURIAL: Feb 20 1928

20. UNDERTAKER: Andrew Minor
ADDRESS: 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.