

MAR 23 1928

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

Do not use this space.

9550

## 1. PLACE OF DEATH

County Johnson.  
Township Centerview.  
City Centerview. (No. 5589)

Registration District No. 431  
Primary Registration District No. 3023

File No. 9550  
Registered No. 5589  
St. Centerview Ward

2. FULL NAME Alpha Mae Markham.

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

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. (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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 30, 1927.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
0 3 9

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer) None  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Warrensburg.  
(STATE OR COUNTRY) Chas. Missouri Mo.

10. NAME OF FATHER Chas T. Markham.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Johnson Co.  
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Maude E Black.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Johnson Co.  
(STATE OR COUNTRY) Mo.

14. INFORMANT Chas T. Markham.  
(Address) Centerview. Mo.

15. FILED Mar 10 28 Mr R Patterson  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 9, 1928

17. I HEREBY CERTIFY That I attended deceased from Centerview Mo. that I last saw her alive on Mar 9, 1928, and that death occurred, on the date stated above, at Centerview P. M.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS

Don't know. Dad before medicine given could be undressed

CONTRIBUTORY (SECONDARY) 205 B

## 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) J. H. Wall, M. D.

3/10, 1928 (Address) Warrensburg

\*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

Centerview. Mo. Mar .10. 19 28.

20. UNDERTAKER ADDRESS

R. Q. Phillips. Warrensburg 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.

