

CT 24 1928

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

Do not use this space.

29925

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125  
Township Cape Girardeau Primary Registration District No. 3009  
City Cape Girardeau

File No. \_\_\_\_\_  
Registered No. 1204  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mrs. J. A. Alfond  
(a) Residence. No. 153 South Park 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.

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 J. A. Alfond

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 7 - 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
57 25 2 21

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Cape Girardeau  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Louis Kramer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Elizabeth Mueller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Mrs. J. A. Alfond  
(Address) Cape Gir - Mo.

15. FILED 9/29/28 W. K. Knappe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 28 19 28

17. I HEREBY CERTIFY That I attended deceased from 9/27, 1928, to 9/28, 1928, that I last saw her alive on 9/27 at 4 p. m. and that death occurred, on the date stated above, at \_\_\_\_\_

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Intestines

119A  
129 (duration) yrs. mos. da. 2

CONTRIBUTORY (SECONDARY) Reduced Heart Muscle  
(duration) yrs. mos. da. 25

18. WHERE WAS DISEASE CONTRACTED? At home  
IF NOT AT PLACE OF DEATH, \_\_\_\_\_  
DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No  
WHEN TEST CONFIRMED DIAGNOSIS? Autopsy  
(Signed) O. L. Seagrath, M. D.  
(Address) Cape Girardeau 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 Harmon Cemetery DATE OF BURIAL Sept. 30, 1928

20. UNDERTAKER Al Dunlap ADDRESS Cape Girardeau Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

