

**BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

35318-1

1. PLACE OF DEATH

County Bates
Township Rockville
City Rockville (No.)

Registration District No. 5-4
Primary Registration District No. 4032

File No.
Registered No.
St. Ward

2. FULL NAME

Martha Jane Gragg

(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 29 yrs. 9 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

Widow.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 31, 1856.

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

74 yrs, 9 v

18

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) Cola, Co. Mo.

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER A. Harper

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont know.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Miss Chambers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont know

(STATE OR COUNTRY)

14. INFORMANT

Sons

(Address)

Mr. Bobby M. Montrose, Mo

15. FILED

Dec 13 1930

Mr. A. B. Freeman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 18, 1930

17.

I HEREBY CERTIFY, That I attended deceased from Mch. 30 to Nov. 18, 1930 that I last saw her alive on Nov. 18, 1930, and that death occurred, on the date stated above, at 2:26 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Autointoxication

CONTRIBUTORY (SECONDARY)

age (duration) several yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. B. Freeman, M. D.

19 (Address) Rockville, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANNER AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Hopewell, Mo.

20. UNDERTAKER

Lenartz and Lenartz.

DATE OF BURIAL

Nov. 20, 1930

ADDRESS

Rockville, Mo.
Montrose

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PARTICULARS above stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 19 1931

