

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

Do not use this space.

10691

1. PLACE OF DEATH

County Madison Registration District No. 538
 Township St. Marshall Primary Registration District No. 5723
 City..... (No.....)..... St. Ward)

2. FULL NAME

Martha M. Strader
 (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 Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF J.A. Strader
 (OR WIFE OF)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 22 - 1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 6 5

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) house work
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Mo

10. NAME OF FATHER Wm Graham

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

12. MAIDEN NAME OF MOTHER Eliza Martin

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

14. INFORMANT J.A. Strader
 (Address) Fredericktown Mo

15. REG. BY W.H. M. 21 C. U. Durr
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 27, 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 15th, 1931, to Mar 27, 1931, that I last saw her alive on Mar 29, 1931, and that death occurred, on the date stated above, at 5:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Flu and followed by Pneumonia
 (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY)
11A 109A (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? DATE OF 0
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) M.B. Parker, M.D.
 (Address) Fredericktown 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 Little Venice Cw **DATE OF BURIAL** 3/28/ 1931

20. UNDERTAKER none **ADDRESS**

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

APR 24 1931

