

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.

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

Do not use this space.

JAN 11 1934

41882

1. PLACE OF DEATH

County Barry

Registration District No. 21

Township Purdy

Primary Registration District No. 4022

City Purdy (No.)

File No.

Registered No. 40

St. Ward

2. FULL NAME

Martha Melvina Alred.

(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)
married.

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Timothy Alred.

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

Jan. 12-1876.

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

day, hrs.

or min.

58

11

5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Genm.

FATHER

13. NAME

Jaylor Bayless.

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Genm.

MOTHER

15. MAIDEN NAME

Margaret Hemphill

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Genm.

17. INFORMANT
(ADDRESS)

Jim Alred -
Purdy, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Grubart

DATE Dec. 18

1934

19. UNDERTAKER
(ADDRESS)

Blankenship's

20. FILED 12-29

1934 Matthie Blankenship
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Dec. 17-1934

22. I HEREBY CERTIFY, That I attended deceased from

Oct 2, 1934, to Dec 17, 1934

I last saw her alive on Dec 15, 1934. Death is said

to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:

Diabetic Gangrene

Date of onset

Oct 1, 34

Other contributory causes of importance:

Diabetes mellitus

Name of operation none Date of

What test confirmed diagnosis? Physi Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. O. Baldwin, M. D.

(Address) Purdy, Mo.

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