

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.

MAR 17 1937

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

Do not use this space.

5442

1. PLACE OF DEATH

County Geddon Registration District No. 167  
Township Madison Primary Registration District No. 6233  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Martha A Alder

(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) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Alder  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-30-1849  
7. AGE YEARS 87 MONTHS 10 DAYS 1 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
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 life

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

13. NAME Benjamin Pyle  
14. BIRTHPLACE (CITY OR TOWN) Dade Co.  
(STATE OR COUNTRY)

15. MAIDEN NAME Melissa Compton  
16. BIRTHPLACE (CITY OR TOWN) Dade Co.  
(STATE OR COUNTRY)

17. INFORMANT Mrs. W. B. Alder  
(ADDRESS) Cane Hill, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Fulington DATE Feb. 2 1937

19. UNDERTAKER Will Mame  
(ADDRESS) Dadeville, Mo.

20. FILED Feb. 28 1937 B. A. Cheek  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1937, to Feb 1 1937  
I last saw him alive on Jan 31 1937. Death is said

to have occurred on the date stated above, at 3 a. m.  
The principal cause of death and related causes of importance were as follows:

Bronchus Pneumonia Date of onset 12-6-37

Other contributory causes of importance Senility 1070

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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) B. B. Kirby, M. D.  
(Address) Dadeville Mo

