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JUN 27 1935 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Ray Registration District No. 744 File No. 41
 Township Richmond Primary Registration District No. 3035 Registered No. _____
 City Richmond No. _____ St. _____ Ward _____

2. FULL NAME

Mrs Carrie Chauty Alexander
 (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
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ray Alexander
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 21, 1888
 7. AGE YEARS 46 MONTHS 7 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife
 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) Ray County Missouri

MOTHER FATHER
 13. NAME James H. Bell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County Missouri

15. MAIDEN NAME Catania Elie M. Murren

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

17. INFORMANT (ADDRESS) Mr. W. H. Alexander

18. BURIAL, CREMATION, OR REMOVAL PLACE Knorrville Cemetery DATE May 13, 1935

19. UNDERTAKER (ADDRESS) W. H. Alexander

20. FILED 5-21, 1935 E. E. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1934 to May 10, 1935

I last saw her alive on May 9, 1935 Death is said

to have occurred on the date stated above, at 1 A. M.

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

Diabetic Coma Date of onset 5-8-35

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Other contributory causes of importance:
Diabetes Mellitus 1930

Name of operation _____ Date of _____
 What test confirmed diagnosis? urinalysis 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?
 If so, specify _____

(Signed) Shos J. Cook, M. D.
 (Address) Richmond, Mo.

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.

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