

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

Do not use this space.

16384

1. PLACE OF DEATH

County Ballouay Registration District No. 104
 Township Fulton Primary Registration District No. 3008
 City Fulton (No. _____) St. _____ (Ward _____)

2. FULL NAME

Albert Shy
 (a) Residence. No. Hospital # 2 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 Male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) not given

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
42

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) not given
 (STATE OR COUNTRY) _____

10. NAME OF FATHER not given

11. BIRTHPLACE OF FATHER (CITY OR TOWN) not given
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER not given

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not given
 (STATE OR COUNTRY) _____

14. INFORMANT Hospital records, #1
 (Address) Fulton, Mo

15. FILED 5-29-28 R. M. Crews
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28 1928

17. I HEREBY CERTIFY That I attended deceased from Jan _____, 1928 to May 28, 1928 that I last saw him alive on May 28, 1928, and that death occurred, on the date stated above, at 3 P. _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ph. of lungs
11 A
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) 11 A
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) A. B. Rieley, M. D.
5-28, 1928 (Address) Fulton, 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 DATE OF BURIAL

Columbia, Mo May 31 1928
 20. UNDERTAKER Ali Bell ADDRESS Fulton, 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.

WHILE PLACED, WITH UNPAID INDEBITMENTS IS A PERMANENT RECORD

1928

JUL

