JUN 1 1928

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

Do not use this space.

File No. 17546
Registered No. 42

1. PLACE OF DEATH
County Jefferson
Township Dakota
City Crystal City No. 6 (No. ..... St. ..... Ward)
Registration District No. 421
Primary Registration District No. 5575

2. FULL NAME Louisa Albano
(a) Residence. No. Crystal City Mo St. ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Patsy Albano

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 30-1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	38	7	13	

8. OCCUPATION OF DECEASED 131
(a) Trade, profession, or particular kind of work Store Keeper 92
(b) General nature of industry, business, or establishment in which employed (or employer) Owner 93
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Italy
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Peter Conte
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Italy
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER M Moglow
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Italy
(STATE OR COUNTRY)

14. INFORMANT Patsy Albano
(Address) Crystal City Mo

15. FILED May 21 28 J E Ruttledge REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 15 1928

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1928, to May 15, 1928, that I last saw h.lr alive on May 15, 1928, and that death occurred, on the date stated above, at 11:00 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
Chronic Mitral insufficiency
Chronic Interstitial Nephritis
H (duration) unknown yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Hypertension & arteriosclerosis (duration) unknown yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) [illegible] M. D
(Address) Crystal City 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
Italy	unknown 1928
20. UNDERTAKER Decker & Kinyard	ADDRESS Festus 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.

THIS CERTIFICATE, WITH ATTACHING INK—THIS IS A PERMANENT RECORD

CLASS OF SERVICE

This is a full-rate Telegram or Cablegram unless its deferred character is indicated by a suitable sign above or preceding the address.

WESTERN UNION

NEWCOMB CARLTON, PRESIDENT — J. C. WILLEVER, FIRST VICE-PRESIDENT

The filing time as shown in the date line on full-rate telegrams and day letters, and the time of receipt at destination as shown on all

Received at 230 Madison St., Jefferson City, Mo.

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FESTUS MO 315P MAY 24 1928

STATE BOARD OF HEALTH

JEFFERSONCITY MO

CORRECT SPELLING IS ALBANO

DR J E RUTLEDGE

328P

1928

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