

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

Do not use this space.

20147

1. PLACE OF DEATH

County Cedar Registration District No. 163
 Township Jefferson Primary Registration District No. 3230
 City Jefferson (No.) St. Ward

File No.
 Registered No. 17

2. FULL NAME

John L Albertson

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 18 - 1904

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
23 | 11 | 17 | or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)

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

10. NAME OF FATHER Riley P. Albertson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) France Ind

12. MAIDEN NAME OF MOTHER Mary Lyle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Louis Earnest (Address) Humansville Mo

15. FILED June 19 28 E. S. Smith REGISTRAR
Mary Bayless

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5 1928
 17. I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to June 4, 1928, that I last saw him alive on June 4, 1928, and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
gangrenous appendicitis

121A 1170W (duration) yrs. mos. ds. 5
 CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH?

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF June 15th

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) R. Reavis, M. D.

June 5, 1928 (Address) Humansville 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 Alder Cemetery DATE OF BURIAL June 6 19 28

20. UNDERTAKER none ADDRESS

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS AN PERMANENT RECORD

