

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

Do not use this space.

**1. PLACE OF DEATH**

County Dunklin  
Township Clay  
City Hornessville

Registration District No. W 87  
Primary Registration District No. 5405

17741

File No. 18  
Registered No. 18  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

John W. Alberson  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Male

**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 \_\_\_\_\_

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Aug. 15, 1859

**7. AGE**

69

**YEARS**

**MONTHS**

9

**DAYS**

16

IF LESS than 1 day, \_\_\_\_\_ hrs. 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) \_\_\_\_\_

(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

Lexington, Tenn.

(STATE OR COUNTRY)

**10. NAME OF FATHER**

John Alberson

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Tenn.

**12. MAIDEN NAME OF MOTHER**

Dabbs

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Tenn.

**14.**

INFORMANT  
(Address)

Harry Alberson  
Hornessville, Mo.

**15.**

FILED

5-26-29 E. D. Cope

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

May 30, 1929

17. I HEREBY CERTIFY that I attended deceased from May 23 1929 to May 24 1929 that I last saw him alive on May 23 1929, and that death occurred, on the date stated above, at \_\_\_\_\_

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

John pneumonia  
126  
101d  
(duration) yrs. mos. 9 da.  
CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
(duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

**18. DID AN OPERATION PRECEDE DEATH?**

DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) E. D. Cope, M.D.

5731 1929 Address Hornessville, 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**

Hornessville Cemetery

May 31 1929

**20. UNDERTAKER**

ADDRESS

McDaniel Fun Co.

Genath, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

