

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

Do not use this space.

18731

1. PLACE OF DEATH

County Macou
Township Chariton
City Frank P. Albert

Registration District No. 529
Primary Registration District No. 529-04-750

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Frank P. Albert

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
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 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) July 25, 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 9 23

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)

(STATE OR COUNTRY) Indiana

10. NAME OF FATHER Henry Albert

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

12. MAIDEN NAME OF MOTHER Margaret Pierce

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

14. INFORMANT Henry Albert Jr.
(Address) Rivers R#2

15. FILED 6-8, 1929 F. L. Chippeer, M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 18, 1929

17. I HEREBY CERTIFY, That I attended deceased from May 18, 1929, to May 18, 1929, that I last saw her alive on May 18, 1929, and that death occurred, on the date stated above, at 8 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Leaky Heart Valve

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) F. L. Chippeer, M. D.

6-8, 1929 (Address) College mound 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

New Salem Cemetery 5/20, 1929
20. UNDERTAKER Albert Skinner ADDRESS Macou Mo.

JUN 26 1929

PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. AGE should be properly classified. Exact statement of OCCUPATION is very important. AGE should be properly classified. Exact statement of OCCUPATION is very important.

PARENTS

