

SEP 24 1929

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

Do not use this space.

27274

1. PLACE OF DEATH

County Clay
Township Peasey
City Peasey (No.)

Registration District No. 200
Primary Registration District No. 5279B

File No.
Registered No. 12
St. Ward

2. FULL NAME

Sarah J. Albright

(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 80 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-15-1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 11 29.

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Jessie P. Cole.

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

12. MAIDEN NAME OF MOTHER Eliza Merritt

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

14. INFORMANT Richard Cole.
(Address) Peasey Mo.

15. FILED 8/6/29 Harriet Powell
REGISTRAR lyl h. Smith

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 4 1929.

17. I HEREBY CERTIFY, That I attended deceased from July 5 1929 to Aug 4 1929 that I last saw alive on Aug 4 1929, and that death occurred, on the date stated above, at 5:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic nephritis
131
132 9 15 unknown
(duration) yrs. mos. ds.
CONTRIBUTOR (SECONDARY) unknown
Artemis (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) W. Hamilton, M. D.
8/5, 1929 (Address) Peasey 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

Mt. Olive DATE OF BURIAL 8-5 1929.

20. UNDERTAKER

Marvin Hessel Peasey 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.

262
1
2

STATE OF MISSOURI, DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS

