

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

Do not use this space.

41092

PLACE OF DEATH

County Gasconade

Registration District No. 411

Township Gasconade

Primary Registration District No. 2002

City Gasconade (No.)

File No.

Registered No. 526

St. Ward

2. FULL NAME

(a) Residence. No. 1770 Gasconade St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

7

4. COLOR OR RACE

88

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Jacob S. Albright

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

Sept 15, 1843

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>86</u>	<u>2</u>	<u>29</u>	<u> </u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Housewife

(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)

Macoules, Mo

10. NAME OF FATHER

Shamuel Walker

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Estelle Murphy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

14. INFORMANT

(Address)

Jacob Albright
Gasconade, Mo

15. FILED

1/4, 1930 Gasconade Clark

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Dec 14, 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1929 to Dec 14, 1929

that I last saw him alive on Dec 12, 1929, and that death occurred, on the date stated above, at 12:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia (lobar)

108 97 101 101 (duration) yrs. mos. ds. 3

CONTRIBUTORY (SECONDARY)

Atherosclerosis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Wm. L. Mack M. D.

12/14 1929 (Address) Gasconade, 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

Macoules, Mo

12/16, 1929

20. UNDERTAKER

ADDRESS

Wm. L. Mack Gasconade, 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.

