APR 30 1930

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

Do not use this space.

9984

1. PLACE OF DEATH
County St Francois — Registration District No. 711 — File No.
Township — Primary Registration District No. 446 — Registered No.
City Bismarck (No. ... St. ... Ward)

2. FULL NAME Mary Magdaline Albert
(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. 6 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1929 Feb 18

7. AGE — YEARS 1 — MONTHS — DAYS 17 — If LESS than 1 day ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Sanford Albert
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Centerville
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Ollie Dunn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Centerville
(STATE OR COUNTRY) Mo

14. INFORMANT Ollie Albert
(Address) Bismarck Mo

15. FILED Mch 4 1930 — F.W. Gale REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 4 1930

17. I HEREBY CERTIFY, That I attended deceased from Mch 3, 1930 to Mch 4, 1930 that I last saw her alive on Mch 3, 1930 and that death occurred, on the date stated above, at 9 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Colitis
119B (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) Over feeding
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 113B
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) F.W. Gale, M. D
Mch 4 1930 (Address) Bismarck 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 Centerville Mo — DATE OF BURIAL 3-5-1930

20. UNDERTAKER C J Hill — ADDRESS Bismarck 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.

1930.