

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

28790

1. PLACE OF DEATH

County SakineRegistration District No. 796

Township

Primary Registration District No. 3038City Marshall (No. 101)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME Emily Albertus Alberty

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F4. COLOR OR RACE W5. 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) Jan 25, 1864

7. AGE

YEARS 66MONTHS 5DAYS 11

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ill.

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Albertus Alberty11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill.

(STATE OR COUNTRY)

14. INFORMANT Mary Ida Duncan(Address) Marshall mo15. FILED 8-14-1930Mrs. John H. M. Haire

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 6 1930

17. Aug 6 HEREBY CERTIFY, That I attended deceased from Aug 6, 1930, that I last saw her alive on Aug 6, 1930, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina pectoris
CHD
130B (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute enteritis

(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OF NO

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS Clinical diagnosis(Signed) Allen M. D.8-7-1930 (Address) Marshall, 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

Bridge Park CnAug. 9 1930

20. UNDERTAKER

ADDRESS

L. R. VandiverMarshall mo

1937