

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.

OCT 28 1930

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

Do not use this space.

1. PLACE OF DEATH

County Wayne Co.

Registration District No. 290

Township Salem

Primary Registration District No. 6408

City Salem

(No.)

File No. 29551

Registered No. 61

St. Ward

2. FULL NAME Thelma Marie Alberson

(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 F.

4. COLOR OR RACE white

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) Dec. 23 1929

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

9

4

8. OCCUPATION OF DECEASED

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

Y Y

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

X X

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Kennett Mo.

10. NAME OF FATHER

J. B. Alberson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Dallinger Co. Mo.

12. MAIDEN NAME OF MOTHER

Stella Hampton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Duval Co. Mo.

14. INFORMANT

(Address) J. B. Alberson
Salem Mo.

15. FILED

11-1 1930 H. W. Alberson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 26 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 26 1930 to Sept 26 1930 that I last saw her alive on Sept 26 1930, and that death occurred, on the date stated above, at 10 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Colitis
1195

CONTRIBUTORY (SECONDARY)

1180

(duration) 10 yrs. 10 mos. 10 ds.

(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) Robert E. Martin, M. D.

, 19 (Address) Salem 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

Hazel Cemetery

DATE OF BURIAL

Sept 27 1930

20. UNDERTAKER

M. D. Smith Fun. Co.

ADDRESS

Salem Mo.

