

SEP 26 1930

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

Do not use this space.

30896

1. PLACE OF DEATH

County St Charles Registration District No. 157
Township _____ Primary Registration District No. 2036
City St Charles (No. 1016, Washington) St. _____ Ward _____

File No. _____
Registered No. 149
St. _____ Ward _____

2. FULL NAME

Albert Eugene Dryden
(a) Residence. No. 1016 Washington St. Ward _____ (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 Male 4. COLOR OR RACE Caucasian 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) April 9 - 1918

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>12</u>	<u>4</u>	<u>22</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) St Charles
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Alton Dryden

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Charles
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Annie Thompson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lincoln County
(STATE OR COUNTRY) Mo

14. INFORMANT Alton Dryden
(Address) 1016 Washington

15. FILED 9/16, 19 30 By G Blochmann
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sep 1 19 30

17. I HEREBY CERTIFY, That I attended deceased from _____, 19 30 to Sept 1, 19 30 that I last saw him alive on _____, 19 _____, and that death occurred, on the date stated above, at 3:40 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Metabolic Insufficiency
Bronchopneumonia
(duration) _____ yrs. 3 mos. _____ ds.
(SECONDARY) _____ (duration) _____ yrs. _____ mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH 1016 Washington

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) R. J. ..., M. D.

, 19 _____ (Address) 10 Washington St

*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 St Charles Burial Home DATE OF BURIAL Sep 4 1930

20. UNDERTAKER W. H. ... ADDRESS 800 N. 2nd St.

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.

