

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.

4535

1. PLACE OF DEATH
County Bates Registration District No. 50
Township McPleasant Primary Registration District No. 3004
City Buena Vista (No. Community Hospital) St. Butler Ward 19

2. FULL NAME Charles Albertson
(a) Residence, No. 1635 Belmont St., Kansas City Mo
(Usual place of abode)
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 man 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31-1884

7. AGE YEARS 46 MONTHS 83 DAYS 21 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. floor surface

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Don't know 95

10. Date deceased last worked at this occupation (month and year) Don't know 11. Total time (years) spent in this occupation Don't know

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME John Albertson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Anna Gladstone

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Mrs Charles Albertson (ADDRESS) Butler, Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Brooklyn DATE Feb 24 1931

19. UNDERTAKER Rose Henderson (ADDRESS) Butler, Mo

20. FILED Feb 23 1931 Anna L Culver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from 19, to Feb 21, 1931
I last saw him alive on February 21, 1931. Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:
Shock from fracture of rib
tibia, fibula and head
injury suffered in an
automobile accident.
Brought to Butler Hospital
Other contributory causes of importance: lived here
thru 2 hours.
2:10 PM
Date of onset 1

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2-21, 1931
Where did injury occur? Highway 71 south of Rich Hill, Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Highway 71 So. of Rich Hill, Mo.
Manner of injury Car collision
Nature of injury Fracture rib leg & head injury.

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify No.
(Signed) Geo. F. Shiele, M. D.
(Address) Butler, Missouri.

