

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

Do not use this space.

13773

1. PLACE OF DEATH

County Gentry
Township Albany
City Albany (No.)

Registration District No. 309
Primary Registration District No. 4185

File No.
Registered No. 19
St. Ward

2. FULL NAME

(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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leahus Stagner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28 - 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 8 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME Charles Carmichael

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

15. MAIDEN NAME Barline Beckley

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

17. INFORMANT Blanch Cheatman (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Grandview DATE April 28, 1931

19. UNDERTAKER A. T. Bark (ADDRESS) Albany Mo.

20. FILED May 9, 1931 W. T. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1931, to April 26, 1931. I last saw her alive on April 26, 1931. Death is said to have occurred on the date stated above, at 1 P. M.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris Date of onset unknown

Other contributory causes of importance None

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury None, 1931

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify None

(Signed) J. E. Graham, M. D.

(Address) Albany - Mo.

