	BUREAU OF V				BOARD OF HEALTH ITAL STATISTICS ATE OF DEATH	16266
- .	1. PLACE OF DEATH				△ 0.1"	
	County				791	Pile No
	Township Damary Registration				# () (Ja 5	Registered No. 4755
2. FULL NAME Ruth. m. albertson						,
	(a) Reside	nce. No.2925-4	Hebe	St.		
1	,	al place of abode) ence in city or town where	death occurred	yrs. mos		resident, give city or town and State) reign birth? yrs. mos. ds.
	PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4, COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED O DIVORCED (urite the word)			RIED, WIDOWED OR write the word)	16. DATE OF DEATH (MONTH, DAY AND YEAR) 4 - 2 - 1931	
10	male White single				1 HEREBY CERTIFY, That I attended deceased from	
5A.	A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				that I last comb last aller on 200, 193/	
					that I last saw here after the	
6. !	DATE OF BIRTH (MONTH, DAY AND YEAR) (DO) 19-1916				THE CAUSE OF DEATH+ W	
7. /	AGE YEARS MONTHS DAYS If LESS than				Startococc	er Intertan
	m	1 1/2	1	day,hrs.	The many to be	mille
		4 · *	- //	ormin.	50 80 000	Programme Constant
8.	OCCUPATION	OF DECEASED	/		our story	er er e e e e e e e e e e e e e e e e e
	(a) Trade, pr particular kir		Hon	مو	grasa seguceine	(duration) yrsmosds.
		nature of industry,			CONTRIBUTORY(SECONDARY)	1000
	business, or establishment in which employed (or employer)					(duration)yrsmosds.
	(c) Name of				18. WHERE WAS PISEAS CONTRACTED	
The charter of					IO. WHERE WAS ASSEAS CONTRACTED	
9. B	IRTHPLACE (C		2000		IF NOT ATPLACE OF DEATH	
	(STATE OR COUNTRY) MASOUN.				U DID AN OPERATION PRECEDE DEATH? DATE OF	
10. NAME OF FATHER GLOVETSON				ison	WAS THERE AN AUTOPSY1	
11. BIRTHPLACE OF FATHER (CITY-9B, TOWN)					WHAT TEST CONFIRMED DIAGNOSIST	
(STATE OR COUNTRY)				a	(Signed) Chus	Well M.D.
PARENTS	12. MAIDEN NAME OF MOTHER Pauling Reh					546 Labadie Me
.	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tours (STATE OR COUNTRY) Mussouri				*State the DISEASE CAUSING DEA (1) MEANS AND NATURE OF INJURY, HOMICIDAL	ath, or in deaths from Violent Causes, athte and (2) Whether Accidental, Suicidal, or
14.	INFORMANT FLANK albertson				19. PLACE OF BURIAL, CREMATION	, OR REMOVAL DATE OF BURIAL
	(Address) 2925 a Kapait &				Calvery Ceno	tares 1/22-1931
15.	FILED	115 Xlar	WILM	REGISTRAR	20. UNDERTAKER	ADDITESS ADDITESS ADDITESS
				100	Man & Honnelly Wis	acitalization was y-
				y —=		<i>O</i>

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