

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

Do not use this space.

24097

1. PLACE OF DEATH

County Ladaw

Registration District No. 4

Township Ladaw

Primary Registration District No. 3001

City Ladaw (No.)

File No.

Registered No. 155

St. Ward)

2. FULL NAME

Nota Lillie Moody 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harvey Alberson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 5 - 1908

7. AGE YEARS 24 MONTHS 11 DAYS 22 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Factory Worker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fort Madison Iowa

10. NAME OF FATHER Haris Moody

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Iowa

12. MAIDEN NAME OF MOTHER Lilla Moody

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

14. INFORMANT (Address) Lilla Moody Ladaw Mo

15. FILED 7/31 19 31 Mrs. C. H. Becker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 27 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 8 1930 to July 27 1931 that I last saw h. 50 alive on July 27 1931, and that death occurred, on the date stated above, at p.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes

50 (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) 130 H Nephritis (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical and laboratory
(Signed) Geo F. Surr M. D.
, 19 (Address) Ladaw 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 Llewellyn Cemetery **DATE OF BURIAL** July 1931

20. UNDERTAKER Summers Dr. Michael ADDRESS

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.

AUG 24 1931

