

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

Do not use this space.

24727

1. PLACE OF DEATH

County Gentry
Township Shelby
City Albany (No. _____)

Registration District No. 309
Primary Registration District No. 4/15

File No. _____
Registered No. 31
St. _____ Ward)

2. FULL NAME

(a) Residence, No. Mary J. Albin
(Usual place of abode) 406 South Smith St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10, ds. 13 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John J. Albin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July The 15 - 1931</u>		
7. AGE YEARS <u>93</u>	MONTHS <u>00</u>	DAYS <u>00</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>
	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)... Richland Co. Ohio
(STATE OR COUNTRY)

13. NAME Charles F. Rund

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

15. MAIDEN NAME Caroline Green

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

17. INFORMANT Caroline Rigney
(ADDRESS) Albany Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grandview DATE July 16 1931

19. UNDERTAKER de Clifford Roberts
(ADDRESS) Albany

20. FILED July 16 1931 W. J. Martin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1931

22. I HEREBY CERTIFY That I attended deceased from 3-21-1931 to 7-15-1931

I last saw him alive on 7-12-1931. Death is said to have occurred on the date stated above, at 10:30 A.M.

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

Wrenia
131
132B / 31

Date of onset 9-21-31

Other contributory causes of importance:
Chronic nephritis

Name of operation _____ Date of _____
What test confirmed diagnosis? clin Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) T. Bran N. Rose, M. D.
(Address) Albany, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 26 1931

