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

Do not use this space. 4

27406

1. PLACE OF DEATH
County Andrew — Registration District No. 13 — File No.
Township — Primary Registration District No. 4010 — Registered No. 47
City Savannah (No. Dr Nichols Sanatorium St. Ward)

2. FULL NAME Albert Sholes
(a) Residence. No. St., Ward. Cornelius Oregon
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jennie Sholes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 20. 1844

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	86	11	29	

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

9. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) New York

PARENTS
10. NAME OF FATHER unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) unknown
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) unknown

14. INFORMANT Frank H. Sholes
(Address) Cornelius Oregon

15. FILED Aug 22, 1931 C. O. Jefferies MD REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 19 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1931, to Aug 19, 1931 that I last saw him alive on Aug 19, 1931, and that death occurred, on the date stated above, at 5 P.m.

53E THE CAUSE OF DEATH* WAS AS FOLLOWS:
92 Acute Myocarditis with
92A auricular Fibrillation
95A
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Epithelioma Lip Eye
(duration) 25 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Dont Know
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Feeling
8/19, 1931 (Signed) A. E. Mathews, M.D.
(Address) Savannah, 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	DATE OF BURIAL
Cornelius Oregon	Aug 23 1931
20. UNDERTAKER	ADDRESS
Frank A Bowman	Savannah Mo.

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.