

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.

OCT 22 1931

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

Do not use this space.

30573

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001

City

St. Joseph,(No. Missouri Methodist Hospital

File No.

Registered No. 936

St.

Ward)

2. FULL NAME

Edward J. Albert,(a) Residence, No. 1701 South 8th.

(Usual place of abode)

St.

Ward.

(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

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFUnknown,

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

Year 1879

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

day,

hrs.

or

min.

52UnknownUnknown10

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Cigar Maker9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Factory10. Date deceased last worked at
this occupation (month and
year)191011. Total time (years)
spent in this
occupation1012. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mankato,
Minnesota,

13. NAME

John J. Albert,14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown,
Germany,

15. MAIDEN NAME

Christian Fix,16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Buffalo,
New York,17. INFORMANT
(ADDRESS)Mrs. J. R. Rockwell,
St. Paul, Minn.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mt. Olivet Cem.DATE Sept. 11193119. UNDERTAKER
(ADDRESS)Walter DeGale, 13 Bowman
319 S. 10th St.,
Davenport, Iowa

20. FILED

9-11 1931 John R. Bender

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 6. 19 31

22. I HEREBY CERTIFY, That I attended deceased from

July - 1st 1931 to Sept 6 1931I last saw him alive on Sept 5 1931. Death is saidto have occurred on the date stated above, at 8:10 a.m.

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

Chronic Nephritis.

Date of onset

12192A 131

Other contributory causes of importance:

Acute Regurgitation.Name of operation none Date of noneWhat test confirmed diagnosis? Urinalysis Was there an autopsy? yes23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury

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? no

If so, specify

(Signed) Thomas R. Howard M. D.(Address) 707 Ward Street, St. Joseph,

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