

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

38204

1. PLACE OF DEATH

County Lincoln
 Township Beverly
 City Lincoln (No. 1)

Registration District No. 495
 Primary Registration District No. 5659

File No. _____
 Registered No. 2
 St. _____ Ward _____

2. FULL NAME

(a) Residence No. _____
 (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mollie Albart
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9 - 1868
 7. AGE YEARS 63 MONTHS 1 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) 1919-5-1 11. Total time (years) spent in this occupation Call

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jersey Co. Illinois

13. NAME John Albart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Salina Schiner

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

17. INFORMANT Mollie Albart (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Millwood DATE Nov. 14, 1931

19. UNDERTAKER William Dammund (ADDRESS) St. Louis

20. FILED Nov 20, 1931 J. A. Motley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11 - 1931

22. I HEREBY CERTIFY That I attended deceased from March 6 - 1929 to Nov. 11 - 1931

I last saw him alive on Nov. 8 - 1931, Death is said

to have occurred on the date stated above, at 11 P. M.

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

Fernicious Anemia Date of onset _____

71A

71A

Other contributory causes of importance: None

7

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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? No

If so, specify _____

(Signed) O. H. Dameron, M. D.

(Address) St. Louis

