

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.

1933 JAN 23 1932

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

Do not use this space.

R-259

1. PLACE OF DEATH
 County Buchanan Registration District No. 86
 Township Buchanan Primary Registration District No. 5127
 City St. Joseph, Mo. (No. Route #2) St. _____ Ward _____

2. FULL NAME John Orisk Alban
 (a) Residence, No. Route #2 St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

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 Ella R. Alban

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 29, 1857

7. AGE YEARS 74 MONTHS 5 DAYS 27 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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) (STATE OR COUNTRY) Baltimore Maryland 2

FATHER

13. NAME George Alban

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Maryland

17. INFORMANT (ADDRESS) Ella R. Alban St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Jan 28, 1932

19. UNDERTAKER (ADDRESS) Sheehan Funeral Home St. Joseph Mo.

20. FILED Jan 28 1932 J. J. Gaudin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 26, 1932

22. I HEREBY CERTIFY, that I attended deceased from Nov 20, 1931 to Jan 26, 1932
 I last saw him alive on Jan 21, 1932 Death is said to have occurred on the date stated above, at 10:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Endocarditis
parenchymatous nephritis
 Other contributory causes of importance:
of S. B.

Name of operation none Date of _____
 What test confirmed diagnosis? chest 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) Walter K. Kunkles, M. D.
 (Address) 717 1/2 S. 11th St. St. Joseph Mo.

