

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

Dr. M. M. M.

Do not use this space.

✓ 1601

1. PLACE OF DEATH
54 County *Lafayette* Registration District No. *464*
8 Township *South 13th* Primary Registration District No. *4277*
2 City *Edina Mo.* (No. *1300*) (Alfred) St. _____ Ward _____
2. FULL NAME *Willie Ann Albred*
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. *2* 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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*
5A. IF MARRIED, WIDOWED, OR DIVORCED *widowed*
HUSBAND OF *William H. Albred*
(OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *9-12-1857*
7. AGE YEARS *74* MONTHS *4* DAYS *12* IF LESS than 1 day, _____ hrs. or _____ min.
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) *Lafayette Mo.* (STATE OR COUNTRY) *Mo.*

13. NAME *Thelma Jefferson Blodgett*
14. BIRTHPLACE (CITY OR TOWN) *Dont 14 now 318* (STATE OR COUNTRY)

15. MAIDEN NAME *Wahalis White*
16. BIRTHPLACE (CITY OR TOWN) *Tenn.* (STATE OR COUNTRY) *2*

17. INFORMANT (ADDRESS) *W. E. Barnett*

18. BURIAL, CREMATION, OR REMOVAL *Edina Mo.*
PLACE _____ DATE _____ 19 _____

19. UNDERTAKER *Blindred & Son* (ADDRESS) *Edina Mo.*

20. FILED *2-1* 19 *32* *P. C. Schooley* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 30 - 1932*

22. I HEREBY CERTIFY That I attended deceased from *1-1-1932* to *1-30-1932*

I last saw her alive on *1-30-1932* Death is said

to have occurred on the date stated above, at *10:45 a.m.*

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

Endocarditis Date of onset _____

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) *Edna M. M.* M. D.

(Address) *Edina Mo.*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1932 24 FEB

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Rozette
Township Chessa
City Chessa (No.)

Registration District No. 464
Primary Registration District No. 2277

File No. 14
Registered No. 78
St. Ward)

2. FULL NAME

William Alfred

(a) Residence, No. St., Ward.

(Usual place of abode)

(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>wid</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, hrs. or min.

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Chessa Mo DATE 2/1 1932

19. UNDERTAKER Blumens & Sons (ADDRESS)

20. FILED 2-1 1932 R E Schaefer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30 1932

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to have occurred on the date stated above, at ... m.

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Date of onset

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Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

(Address) ...

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