

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.

13353

1. PLACE OF DEATH

County *New Madrid*
Township *West P-R-#3*
City *Stanton Mo* (No.)

Registration District No. *602*
Primary Registration District No. *5799*

File No.
Registered No. *3*
St. Ward)

2. FULL NAME

Frank Albright

(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 *8* 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) *widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Widowed*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 8 - 1864*

7. AGE YEARS *68* MONTHS *1* DAYS *14* 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. *Farmer*
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) *Bellvue Mo.*

13. NAME *Benjamin Albright*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Bellvue Mo.*

15. MAIDEN NAME *Rachel Whitner*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Bellvue Mo.*

17. INFORMANT (ADDRESS) *Chas. Albright*
Monroeville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE *Buried at Greenville Mo.* DATE *April 24, 1932*

19. UNDERTAKER (ADDRESS) *John Albright*
Sikeston Mo.

20. FILED *4-24-32* *John J. Cannon*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 22* 19*32*

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at *8:15* a.m.

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

165
by hanging by neck
Other contributory causes of importance: *5*
8 *165* *5*
Date of onset

Name of operation..... Date of.....

What test confirmed diagnosis? *Inquest* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *suicide* Date of injury 19.....

Where did injury occur? *Warehouse New Madrid Co.*
(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) *S. H. Johnson* Coroner M.D.

(Address) *Portageville Mo.*



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