

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

Do not use this space.

28959

1. PLACE OF DEATH

38 County Gentry
1 Township
2 City Albany (No.)

Registration District No. 309
Primary Registration District No. 4185

File No.
Registered No. 43 St. Ward)

2. FULL NAME

(a) Residence, No. 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 Senora Hicks
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 20. 1856
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
75 8 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doctor + Hotel owner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. manager
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) St. 2

13. NAME Frank Smith

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

15. MAIDEN NAME Margrett Ann Dawson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. 1

17. INFORMANT Carl Gillespie (ADDRESS) Albany, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE Sept 11 1932

19. UNDERTAKER A. J. Base (ADDRESS) Albany, Mo.

20. FILED Sept. 10 1932 W. T. Martin Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9 1932

22. I HEREBY CERTIFY That I attended deceased from Aug. 22nd 1932 to Sept 9 1932
I last saw him alive on Sept 9 1932 Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia Date of onset Aug 3rd
107A
87B
Other contributory causes of importance:
Paralysis Aug 29 1932
Paroid stroke March 19-1932 first had

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) E. M. Whitely M. D.
(Address) Albany Mo

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 25 1932

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Sentry
Township Albany
City Albany (No.)

Registration District No. 309
Primary Registration District No. 4183

File No.
Registered No. 43
St. Ward)

2. FULL NAME

(a) Residence, No. 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19..

19. UNDERTAKER (ADDRESS)

20. FILED Nov 12 1932 W. J. Martin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9 1932

22. I HEREBY CERTIFY, That I attended deceased from

to, 19..

I last saw h. alive on, 19.. Death is said

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

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

Broncho pneumonia Date of onset

Other contributory causes of importance:

Paralysis agitans

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) , M. D.

(Address)

S-28959