

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.

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph, (No. St. Joseph's Hospital,

Registration District No. 85
Primary Registration District No. 1001

File No. 370
Registered No. 126
St. _____ Ward _____

2. FULL NAME Albert W. DeNeen,

(a) Residence, No. 2402 Messanie St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 45 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed,</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nannie May DeNeen,</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 7, 1867</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>7</u>	DAYS <u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Grocer,</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retail</u>		
10. Date deceased last worked at this occupation (month and year) <u>January 1933</u>		11. Total time (years) spent in this occupation <u>45</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan'y. 27, 1933

22. I HEREBY CERTIFY, that I attended deceased from _____ to Jan 27, 1933

I last saw deceased alive on Jan 26, 1933 Death is said to have occurred on the date stated above, at 11:00 P.M.

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

Date of onset undetermined

Other contributory causes of importance: 59

12. BIRTHPLACE (CITY OR TOWN) Nebraska City,
(STATE OR COUNTRY) Nebraska,

13. NAME Joab DeNeen,

14. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Pennsylvania,

15. MAIDEN NAME Hattie Hulin,

16. BIRTHPLACE (CITY OR TOWN) Hillsdale,
(STATE OR COUNTRY) Michigan,

17. INFORMANT Frank W. DeNeen
(ADDRESS) 2500 North 2nd St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Jo. Mem. Park DATE Jan'y. 30, 1933

19. UNDERTAKER Hester - Beale & Bauman
(ADDRESS) 319 So. 10th St. - Funeral Home

20. FILED JAN 30 1933
John L. Bender,
Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? Tubercle 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) John L. Bender, M. D.
(Address) _____

ST. LOUIS, MO. 63101

ST. LOUIS MET. BANK 1000 S. 10th St. 30

800 North 10th St.

WORLDWIDE
WITNESSES
WALTER BRITTON
WALTER BRITTON
WALTER BRITTON

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WALTER BRITTON
WALTER BRITTON

January 1930

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