

MAR 24 1933

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 BuchananRegistration District No. 1001

Township

Primary Registration District No.

City

St. Joseph,(No. 614 North 7th.)

File No.

4780

Registered No.

174

St.

Ward)

2. FULL NAME Sarah Jane Albright,(a) Residence, No. 614 North 7th.

St.

Ward.

Length of residence in city or town where death occurred 30 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

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
HUSBAND OF
(OR) WIFE OFWilliam H. Albright,6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 3, 1845

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.

87

6

9

OCCUPATION

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

At Home.

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

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3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12, 193322. I HEREBY CERTIFY, That I attended deceased from
Jan. 29, 1933, to Feb. 9, 1933.I last saw him alive on Feb. 9, 1933. Death is saidto have occurred on the date stated above, at 2:00 p.m.

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

Date of onset

93C

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

Accident, suicide, or homicide? Date of injury

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) Shirley H. Immers M. D.(Address) 216 Phy + Surg Bldg

FEB 13 1933

John R. Bender

Registrar.

