

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.

8136

1. PLACE OF DEATH

County Saline  
Township Salt Fork  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 798  
Primary Registration District No. 6041

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

William R. Almy  
(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) Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9 - 1846  
7. AGE YEARS 87 MONTHS 0 DAYS 10 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. Retired  
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) Stagette Va.

13. NAME Skellton S. Almy

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

15. MAIDEN NAME Martha S. Almy

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

17. INFORMANT Wood Almy  
(ADDRESS) Maple St. m.

18. BURIAL, CREMATION, OR REMOVAL Place Mrs. Mary Almy, Feb 20, 1933

19. UNDERTAKER T. W. Campbell  
(ADDRESS) Marion, Va.

20. FILED 2/22, 1933 Mrs. Hall Williams  
Registrar.

21. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-19, 1933

22. I HEREBY CERTIFY That I attended deceased from Feb 2, 1933, to Feb 13, 1933

I last saw h. him alive on 2-13, 1933 Death is said

to have occurred on the date stated above, at 12:30 p.m.

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

Senility  
113  
151  
113

Other contributory causes of importance:

Influenza

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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? Yes

If so, specify \_\_\_\_\_

(Signed) W. R. Almy M. D.

(Address) Blackwater, Va.

