

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

Do not use this space.

20035

1. PLACE OF DEATH

43
7
6
County Jackson
Township Prairie
City Leis Summit (No.)

Registration District No. 400
Primary Registration District No. 4235

File No.
Registered No. 124
St. Ward)

2. FULL NAME

(a) Residence, No. Leis Summit St., Ward.
(Usual place of abode)

(If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9 - 1843
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 - 16

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

13. NAME Calahky Albertson

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

15. MAIDEN NAME Marthy Cosand

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

17. INFORMANT (ADDRESS) Mrs. Monte Laudeman, Leis Summit, Mo.

18. BURIAL, CREMATION, OR REMOVAL Casketalosa Long, June 28, 1933

19. UNDERTAKER (ADDRESS) Fields James Co., Leis Summit, Mo.

20. FILED 6-28, 1933 Wm J Fields Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 28, 1933
22. I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to JUNE 25, 1933
I last saw her alive on JUNE 24, 1933. Death is said to have occurred on the date stated above, at 3:20 am.
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis Date of onset 1725
92 1/2 97
Other contributory causes of importance: Generalized arteriosclerosis

Name of operation None Date of
What test confirmed diagnosis? Thyroid 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) Vernon F. Stetson, M. D.
(Address) Leis Summit, Mo.

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.

JUL 22 1933

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