

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

Do not use this space.

**26089**

**1. PLACE OF DEATH**

County Dunklin Registration District No. 288  
Township Independence Primary Registration District No. 4192  
City Kennett (No.       )

File No.         
Registered No.        St.        Ward       

**2. FULL NAME**

(a) Residence, No.        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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF       

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-1-1933

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
6 5

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       

12. BIRTHPLACE (CITY OR TOWN) Kennett (STATE OR COUNTRY) Mo

13. NAME Clyde Albridge

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

15. MAIDEN NAME Marie Neuge

16. BIRTHPLACE (CITY OR TOWN) New Madrid (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Clyde Albridge Kennett Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Home DATE 8/6 1933

19. UNDERTAKER (ADDRESS) Baldwin Funeral Home Kennett Mo

20. FILED Aug 28 1933 Thurman Davis Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 1933

22. I HEREBY CERTIFY, That I attended deceased from at home 1933 to        19      

I last saw h        alive on        19       Death is said

to have occurred on the date stated above, at 7:30 a.m.

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

Septicemia Date of onset       

Other contributory causes of importance:       

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? no

If so, specify       

(Signed) J. Regan M. D.

(Address) Kennett 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.

SEP 26 1933

