

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

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

27336

1. PLACE OF DEATH

County PlatteRegistration District No. 694Township 13Primary Registration District No. 3921City Lincoln(No. 1)File No. 27336Registered No. 27336St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. Charles F. Albright St. Mo. Ward 1

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Meas</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 25, 1859</u>		
7. AGE <u>74</u>	YEARS <u>5</u>	MONTHS <u>28</u>
		DAYS <u>28</u>
		IF LESS than 1 day, ... hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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) <u>Rising Sun, Ind.</u>

FATHER	13. NAME <u>George Albright</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME

MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) <u>George Albright</u> <u>Farley, Ind.</u>
--

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Farley Cem.</u>	DATE <u>Aug 25, 1933</u>
---	-----------------------------

19. UNDERTAKER (ADDRESS) <u>J. P. Ralston</u> <u>336 Elizabeth St.</u>
--

20. FILED <u>Aug 25, 1933</u>	FILED <u>Aug 25, 1933</u>
----------------------------------	------------------------------

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 23, 193322. HEREBY CERTIFY, That I attended deceased from July 20, 1933, to Aug - 23 - 1933I last saw him alive on Aug - 22 - 1933 Death is said to have occurred on the date stated above, at 12 m.

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

Carcinoma of stomach

Date of onset

Other contributory causes of importance:

Name of operation ✓ Date of ✓What test confirmed diagnosis? Clinical 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? NoIf so, specify ✓(Signed) Louis C. Calvert, M. D.(Address) Weston, Mo.

RECEIVED BY THE DIRECTOR OF THE BUREAU OF THE ARMY OF THE UNITED STATES OF AMERICA
OFFICE OF THE CHIEF OF BUREAU OF THE ARMY OF THE UNITED STATES OF AMERICA

1942