

WRITE PLAINLY WITH INK--THIS IS A PERMANENT RECORD

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

Do not use this space.

**1. PLACE OF DEATH**

72 County New Madrid  
Township Big Prairie  
City (No. )

Registration District No. BH 5  
Primary Registration District No. 5800

File No. 37276  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ola May Albersen  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF child  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8 - 1932  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 0 1

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. child  
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) Stoddard Co. Mo.

MOTHER FATHER  
13. NAME Frank Albersen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co. Mo.

15. MAIDEN NAME Mary Spigle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Mo.

17. INFORMANT (ADDRESS) Jake Albersen New Madrid Co. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Capester - Mrs Mullin Mo. DATE Nov. 10, 1933

19. UNDERTAKER (ADDRESS) H. J. Welch Leveaux, Mo.

20. FILED Dec 1933 Jimmie E. Dyer Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9, 1933  
22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1933, to Nov 8, 1933.  
I last saw him alive on Nov 5, 1933. Death is said to have occurred on the date stated above, at 4:13 m.  
The principal cause of death and related causes of importance were as follows:

Meningeal crux  
Date of onset \_\_\_\_\_  
10  
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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) J. E. Bates, M. D.  
(Address) Sepester Mo

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.

