

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

Do not use this space.

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1. PLACE OF DEATH

County Barry
Township Flat Rock
City Cassville (No.)

Registration District No. 29
Primary Registration District No. 5038

File No.
Registered No. 1
St. Ward)

2. FULL NAME

John Harvey Albert
(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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 24, 1864

7. AGE YEARS 69 MONTHS 2 DAYS 24 If LESS than 1 day, hrs. or min.

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) West Virginia

13. NAME George Albert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Laura B. Kropp, Eagle Rock, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Nowata, Okla. DATE 1/22, 1934

19. UNDERTAKER (ADDRESS) Don't know, Cassville, Mo.

20. FILED 1-30, 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20, 1934

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

I last saw him alive on, 19.... Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Head crushed in auto wreck
Date of onset 1-20-34

none
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....

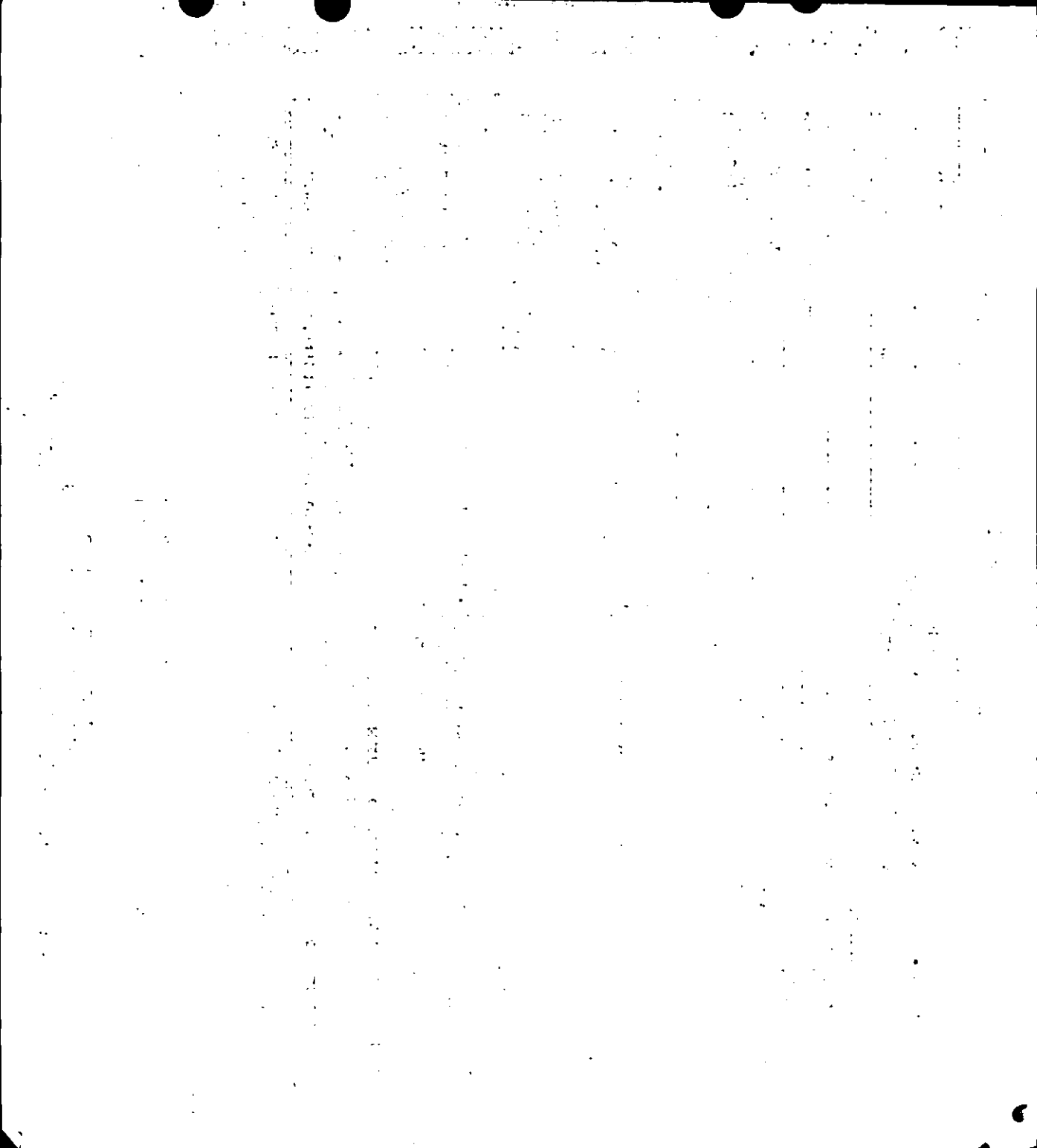
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify W.B. Kropp, Attorney at Law, Cassville, Mo.
(Signed) W.B. Kropp
(Address) Cassville, 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.



DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Barry

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name:

John Harvey Albert

Who died at

on

Jan. 20 - 1934

Residence No.

St.

(If nonresident, city or town)

Length of residence in city or

town where death occurred:

Years

Months

Days

Sex

Color or race

Single, married, widowed or divorced:

Date of birth

Age:

Years

Months

Days

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month

Year

Birthplace (State or country)

Birthplace of father (State or country)

Birthplace of mother (State or country)

Principal cause of death: Head crushed in auto wreck -
When car ran into loose gravel and over-turned
while passing buggy. (Deceased was driver)

Other contributory causes of importance

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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)

Injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased?

If so, specify

Name of physician

Address of physician

Signature of Registrar

Geo. W. Newman

Date filed (9-26-34)

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 29

Very truly yours,

Primary Reg. Dist. No. 5038

E. T. McGaugh -
Special Agent in Charge

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