

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Way Registration District No. 197
Township Hollatin Primary Registration District No. 0-276
City North Kansas City (No. R.F.D. 45) St. _____ Ward _____

File No. 5-27-R.
Registered No. _____

2. FULL NAME

Ray Albright
(a) Residence, No. North Kansas City St. R.F.D. 45 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 <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 OR WIFE OF <u>Pearl J. Albright</u>)		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 3, 1887</u>		
7. AGE	YEARS <u>46</u>	MONTHS <u>9</u>
	DAYS <u>21</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>Miller</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 <u>5</u>	

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	13. NAME <u>Joel Thomas Albright</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u>
	15. MAIDEN NAME <u>Sarah Cole</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u>
	17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kearney MO</u> DATE <u>1/27</u> <u>1934</u>	
19. UNDERTAKER (ADDRESS) <u>Morton & Co. North Kansas City MO.</u>	
20. FILED <u>1-26</u> 19 <u>34</u> <u>John L. Morton</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan. 2 1934 to Jan. 25 1934
I last saw him alive on Jan. 25 1934 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Oedema of lungs
acute dilatation of heart
Date of onset _____

Other contributory causes of importance:

Chronic valvular heart disease

Name of operation no Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) H. Pierbacht M. D.
(Address) North Kansas City

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.

