

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

Do not use this space.

1. PLACE OF DEATH

County Dunklin
Township Cotton Hill
City (No. Ward)

Registration District No. 289
Primary Registration District No. 5407

File No. 20018
Registered No. 38

2. FULL NAME

Clinton Edward Albright
(a) Residence, No. Malden Mo. 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 Male 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 Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
21

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (month and year) Infant 11. Total time (years) spent in this occupation Infant

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

13. NAME John Albright

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

15. MAIDEN NAME Rolly (nee Skei) Albright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williamsville Mo.

17. INFORMANT (ADDRESS) Harvey Albright Malden Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Malden Mo. DATE 6-19-1934

19. UNDERTAKER (ADDRESS) None

20. FILED 6-18-1934 S.E. Mitchell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 1934

I HEREBY CERTIFY That I attended deceased from June 19th, 1934, to June 18, 1934.

I last saw him alive on June 17th, 1934. Death is said to have occurred on the day stated above, at 3:30 P.M.

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

Pertussis Date of onset 10 days

Other contributory causes of importance:

Name of operation None Date of None

What test confirmed diagnosis? Chest 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 ✓, 1934

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify None

(Signed) John W. Colver, M. D.
(Address) Malden 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

