

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.

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

Do not use this space.

NOV 19 1934

1. PLACE OF DEATH

County Gentry  
Township Albany  
City Albany (No. ....)

Registration District No. 309  
Primary Registration District No. 4155

File No. 35705  
Registered No. 66  
St. .... Ward)

2. FULL NAME

(a) Residence, No. .... 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) Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26 1866  
7. AGE YEARS 68 MONTHS 9 DAYS 1 If LESS than 1 day, .... hrs. or .... min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
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) Albany (STATE OR COUNTRY) Mo.  
13. NAME Not Known  
14. BIRTHPLACE (CITY OR TOWN) not known (STATE OR COUNTRY)  
15. MAIDEN NAME Not Known  
16. BIRTHPLACE (CITY OR TOWN) Not Known (STATE OR COUNTRY)  
17. INFORMANT C. G. Baldock (ADDRESS) Leokuk, Iowa  
18. BURIAL, CREMATION, OR REMOVAL PLACE Shepherd DATE Oct. 29  
19. UNDERTAKER A. T. Bare (ADDRESS) Albany, Mo.  
20. FILED Nov 1, 1934 W. S. Martin Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 28, 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 P. A., m.

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

Angina Pectoris  
Found Dead in his room.  
Other contributory causes of importance:  
ggtb 94

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

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) C. J. Pray, Coroner, M. D.  
(Address) Albany, Mo.

