

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

Do not use this space.

APR 19 1935

9609

1. PLACE OF DEATH

County Johnson
 Township Madison
 City Weldon (No.)

Registration District No. 427
 Primary Registration District No. 5582

File No.
 Registered No. 13
 St. Ward)

2. FULL NAME

Albert Journal Dove

(a) Residence, No. St. Ward.

Length of residence in city or town where death occurred 48 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 OF (OR) WIFE OF <u>Elizabeth May Dove</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 1 - 1887</u>		
7. AGE	YEARS <u>47</u>	MONTHS <u>8</u>
	DAYS <u>2</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>Laborer</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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 4 1935

22. I HEREBY CERTIFY, That I attended deceased from March 35 to March 4, 1935

I last saw him alive on March 4, 1935. Death is said to have occurred on the date stated above, at 12:50 A.M.

The principal cause of death and related causes of importance were as follows:
Catarhoid Pneumonia Date of onset

Other contributory causes of importance:
107a

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME Alvira A. Dove

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Va.

MOTHER

15. MAIDEN NAME Amanda Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT Mrs Stella Barley
 (ADDRESS) Weldon Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Golden Cemetery DATE Mar 6 1935

19. UNDERTAKER J. M. Goodman
 (ADDRESS) Weldon Mo.

20. FILED Mar 5 1935 S. A. Murray, M.D.
 Registrar.

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) Esperanza Thompson, M. D.
 (Address) Weldon 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.

