

AUG 14 1935

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

Do not use this space.

22464

**1. PLACE OF DEATH**

24 County Clay Registration District No. 198  
 Township Fishing River Primary Registration District No. 311  
 City Veterans Administration No. Facility, Excelsior Springs, Mo. St. 3d Ward

**2. FULL NAME STANDARD, Albert Claude**

1803-A-No. Goode Ave  
 (a) Residence, No. Vets. Adm. Facility, Excelsior Springs, Mo. St. St. Louis, Mo.  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 19, 1894

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.

7	41	3	25	
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OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation. Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Vernon, Illinois

13. NAME Albert Standard.

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

15. MAIDEN NAME Ella Merivether

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

17. INFORMANT Hospital Records  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Mo. DATE July 15, 1935

19. UNDERTAKER John C. Prather, Undertaker  
(ADDRESS) Excelsior Springs, Mo.  
Manuel Undertaking Co.  
St. Louis, Mo.

20. FILED 7-14-1935 Mrs. Rea McClacken  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1935, 19....., to July 14, 1935, 19.....

I last saw him alive on July 14, 1935, 19..... Death is said to have occurred on the date stated above, at 10:55 A.M.

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

Tuberculosis, pul. chr. act. adv.

Other contributory causes of importance:

Pulmonary hemorrhage

Name of operation None Date of.....

What test confirmed diagnosis Exam. & Obs Was there an autopsy? yes

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 H. C. Hardegree, MD

(Signed) H. C. HARDEGREE, MD Clinical Director  
Veterans Administration Facility  
 (Address) Excelsior Springs, Mo.

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.

F-11-24-31

