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.

SEP 25 1935

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

Do not use this space.

27318

1. PLACE OF DEATH
County Platte — Registration District No. 692
Township Green — Primary Registration District No. 44114
City Dearhorn (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Albert F. Best

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Amanda Best

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 15th. 1861

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
74	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

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

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winchester Kansas

FATHER

13. NAME Joseph Best

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

MOTHER

15. MAIDEN NAME Sally Marshall

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

17. INFORMANT (ADDRESS) Mac. Best Weston Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gower Mo. Allencen DATE Aug 6th. 1935

19. UNDERTAKER (ADDRESS) Lucian Davis Dearborn, Missouri

20. FILED Aug 6, 1935 W. H. Moore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5th. 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934, to Aug. 5, 1935
I last saw him alive on Aug 2, 1935. Death is said to have occurred on the date stated above, at 1.10 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Insufficiency	May 1934
Myocarditis	
Other contributory causes of importance	
Senile Senility	

Name of operation None 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? No Date of injury None, 19..
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
None
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 .....
(Signed) Jos. M. Hale, M. D.
(Address) Dearborn, Mo.