

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

Do not use this space.

33124

**1. PLACE OF DEATH**

County Jasper  
Township McDonald  
City No. 10 Mi. East of Carthage on 66 Highway.

Registration District No. 419  
Primary Registration District No. 53-73

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Earl William Albert

(a) Residence, No. Avilla 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 7 yrs. mos. ds. How long in U. S., if of foreign birth? 7 yrs. mos. ds.

**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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 13-1919</u>		
7. AGE <u>16</u>	YEARS <u>6</u>	MONTHS <u>15</u>
DAYS <u>15</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>Student</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	

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

13. NAME Geo. Albert

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

15. MAIDEN NAME Amela Schubert

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

17. INFORMANT Mrs. Amela Albert  
(ADDRESS) Avilla Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE New Hope DATE Oct. 31 1935

19. UNDERTAKER Ulmer  
(ADDRESS) Carthage Mo.

20. FILED Oct. 31 1935 Mrs. W. A. Hall  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 28 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27 1935 to Oct. 29 1935  
I last saw him alive on Oct. 29 1935. Death is said to have occurred on the date stated above, at 8:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Spinal Fracture  
Skull

Other contributory causes of importance:  
sunken back

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 accident Date of injury Oct. 28 1935  
Where did injury occur? highway near Carthage  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Car struck  
Nature of injury head & chest

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_

(Signed) W. J. Stupar, M. D.  
(Address) Carthage

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.

THIS IS A PERMANENT RECORD

FEB 24 1955