

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.

DEC 11 1935

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

Do not use this space.

35251

1. PLACE OF DEATH

County Buchanan

Township

City St. Joseph, Mo.

(No.

Registration District No.

85

Primary Registration District No. 1001

(No. 1901 South 11th

File No.

Registered No.

St.

Ward

2. FULL NAME

Lila Esther Albert

(a) Residence, No.

1905 So. 13th

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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

George Alberts

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

August 25, 1900

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

35

2

27

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

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) Wilcox, (STATE OR COUNTRY) Missouri

13. NAME James Thompson

14. BIRTHPLACE (CITY OR TOWN) Centerville, (STATE OR COUNTRY) Ia.

15. MAIDEN NAME Clara Cortum

16. BIRTHPLACE (CITY OR TOWN) Bloomfield (STATE OR COUNTRY) Ia.

17. INFORMANT George Albert (ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ashland Cem.

DATE Dec 25 - 35

19. UNDERTAKER FLEEMAN & SON INC. (ADDRESS)

20. DATE 25 1935

John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1935, to Oct 22, 1935

I last saw her alive on Oct 22, 1935 Death is said

to have occurred on the date stated above, at 2 p.m.

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

ac Violation of Heart

Date of onset 11-22-35

Other contributory causes of importance:

The

11-27-35

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

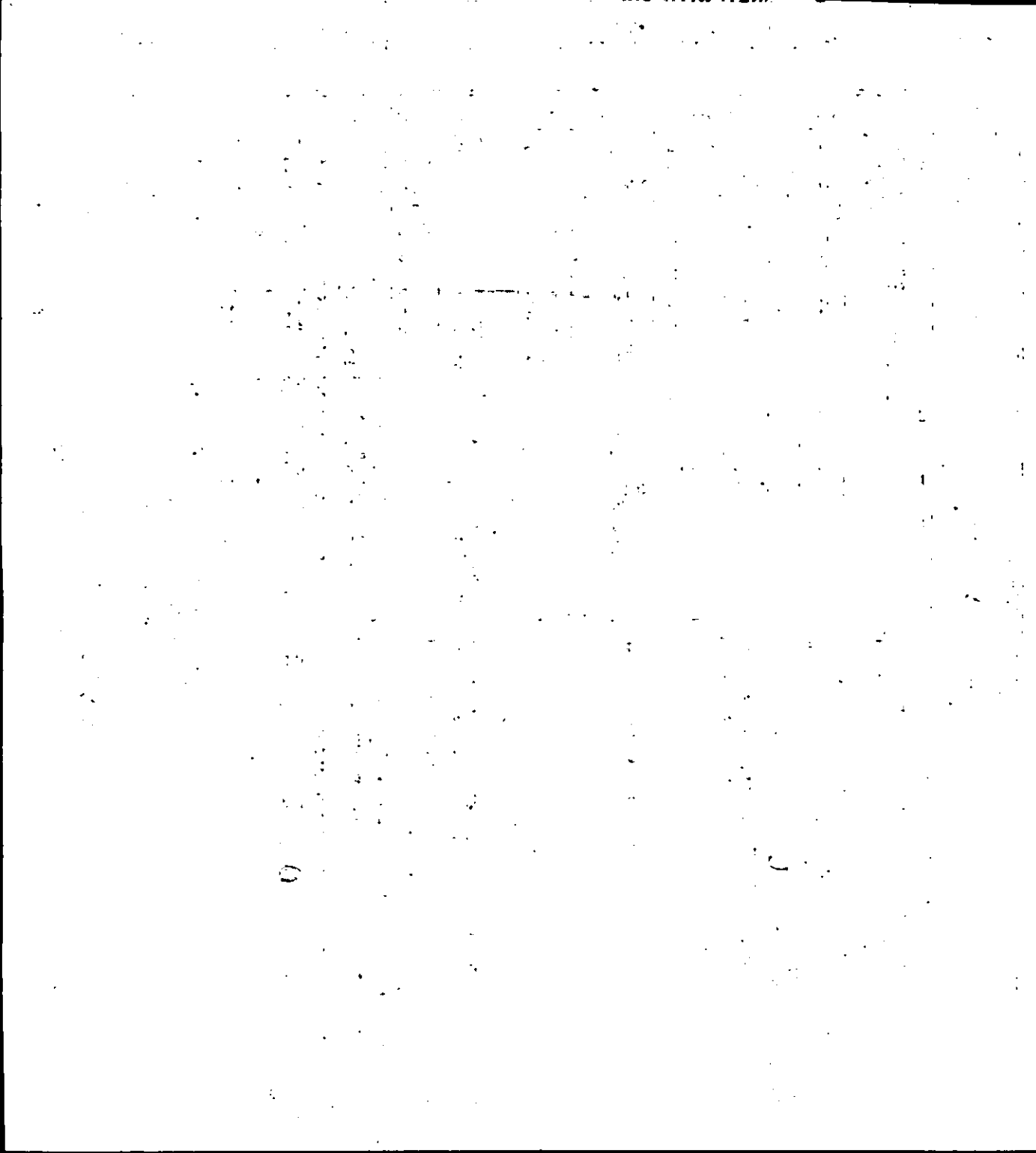
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. W. Kearby, M. D.

(Address) St. Joseph, 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.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St. Joseph

Primary Registration District No. 1001

City St. Joseph

(No. 1)

St. 1222

Ward 1222

2. FULL NAME

Lila Ester Albert

(a) Residence, No. 1222

St. 1222

Ward 1222

(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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

m

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

35

2

27

OCCUPATION

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER
(ADDRESS)

20. FILED

1-14

19

36

John R. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Nov 22 1935

22. I HEREBY CERTIFY, That I attended deceased from

19

to

19

I last saw h. alive on

19

Death is said

to have occurred on the date stated above, at

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

Acute Dilatation

Date of onset
11-18-35

Other contributory causes of importance:

7 lu

Myocarditis

11-21-35

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (Solemnly fill in also the following:

Accident, suicide, or homicide?

Date of injury

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)

J. O. Kealey
St. Joseph

M. D.

(Address)

S-35251