

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

Do not use this space.

36464

DEC 19 1935

1. PLACE OF DEATH

49 County Jasper Registration District No. 416
Township Sarcoux Primary Registration District No. 4248
10 City Sarcoux (No. St. Ward)

2. FULL NAME John Anderson Alberty

(a) Residence, No. Sarcoux, Missouri St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Nora J. Cockrell Alberty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8, 1871

7. AGE YEARS 64 MONTHS 6 DAYS 26 If LESS than 1 day, hrs. or min.

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.
10. Date deceased last worked at this occupation (month and year) Nov. 4, 1935 11. Total time (years) spent in this occupation 50 yrs.

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

FATHER 13. NAME George Alberty

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

MOTHER 15. MAIDEN NAME Martha Pryor

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

17. INFORMANT John Alberty, Hazzard (ADDRESS) Sarcoux, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE VanBuren Cem. DATE Nov. 6, 35

19. UNDERTAKER Wm. E. Pale (ADDRESS) Sarcoux, Missouri

20. FILED Nov 5 1935 Edy Simmons Registrar.

MEDICAL CERTIFICATE OF DEATH

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

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

I last saw him alive on November 4, 1935 Death is said to have occurred on the date stated above, at 5:15 P.

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

Cerebral Apoplexy Date of onset 11-4-35

Other contributory causes of importance:

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? 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? no

If so, specify

(Signed) J. W. B. B., M. D.

(Address) Sarcoux, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

$$\begin{array}{r}
 1935-11-34 \\
 1871-4-8 \\
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 64-6-26
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