

JAN 21 1936

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

Do not use this space.

40055

1. PLACE OF DEATH

57 County Knox Registration District No. 441
8 Township Center Primary Registration District No. 4259
9 City Edina Mo. (No. _____ St. _____ Ward _____)

2. FULL NAME

Albert Conrad Werner

(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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Louisby
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24-1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 67 7 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacy
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) Zanesville (STATE OR COUNTRY) Ohio

13. NAME Adolphus Werner

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

15. MAIDEN NAME Louise Minner

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

17. INFORMANT Mrs Charley Miller (ADDRESS) Edina Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Funville Cemetery DATE DEC-13 1935

19. UNDERTAKER Mrs J. W. Hudson (ADDRESS) Edina Mo

20. FILED Dec 13 1935 Mrs. C. M. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-10- 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 _____ m.
The principal cause of death and related causes of importance were as follows:

By administering to himself a poisonous drug while temporarily insane
Date of onset _____

Other contributory causes of importance: 105

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____
(Signed) Mrs J. W. Hudson Coroner
(Address) Edina 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

