

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.

MAR 25 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

8753

1. PLACE OF DEATH

County SalineRegistration District No. 796Township MarshallPrimary Registration District No. 3038City Marshall(No. Fitzgibbons Hosp.)

File No. _____

Registered No. 37

St. _____ Ward) _____

2. FULL NAME

Albert Aladeen(a) Residence, No. _____
(Usual place of abode)St. _____ Ward. Matia Beach Mo.

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>divorced</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sada Aladeen6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS <u>Abt 60</u>	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Saleswork</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Drygoods</u>
	10. Date deceased last worked at this occupation (month and year) <u>Feb. 1936</u>

11. Total time (years) spent in this occupation 2012. BIRTHPLACE (CITY OR TOWN) Hanta, Syria
(STATE OR COUNTRY)13. NAME Ollic Aladeen14. BIRTHPLACE (CITY OR TOWN) Hanta, Syria
(STATE OR COUNTRY)15. MAIDEN NAME Jemeely Mothy16. BIRTHPLACE (CITY OR TOWN) Hanta, Syria
(STATE OR COUNTRY)17. INFORMANT S. M. James
(ADDRESS) Saline Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Ridgebank Cem. DATE Feb. 16 193619. UNDERTAKER Short & M. Coary
(ADDRESS) Marshall Mo.20. FILED Feb. 15 1936 Kelley Huston
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/14 193622. I HEREBY CERTIFY, That I attended deceased from 2/13 1936 to 2/14 1936I last saw him alive on 2/13 1936 Death is saidto have occurred on the date stated above, at 7:20 A.M.

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

<u>Cerebral hemorrhage</u>	Date of onset <u>2/13/36</u>
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Other contributory causes of importance:

<u>Arteriosclerosis</u>	
<u>hypertension</u>	

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? no23. 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) Robert H. James M. D.(Address) Marshall Mo.

