

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.

MAY 20 1936

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

Do not use this space.

14766

1. PLACE OF DEATH

County Centry
Township Albany
City Albany (No.)

Registration District No. 309
Primary Registration District No. 4185

File No.
Registered No. 40
St. Ward

2. FULL NAME

(a) Residence, No. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2, 1865

7. AGE YEARS 71 MONTHS 0 DAYS 24 If LESS than 1 day, hrs. min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Harrison Co Mo

FATHER 13. NAME Wilson Bell

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

MOTHER 15. MAIDEN NAME Sarah Smith

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

17. INFORMANT Mrs. Douglas (ADDRESS) Albany Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope DATE 4/28 1936

19. UNDERTAKER Robert H. Apple (ADDRESS) Albany Mo

20. FILED Apr. 27, 1936 Ch. Martin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to 4-26, 1936. Last saw him alive on 4-26, 1936. Death is said to have occurred on the date stated above, at 5 a.m.

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

Myocarditis Date of onset 1930?

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Other contributory causes of importance: Ch. Nephritis ?

Name of operation Clin Date of 0
What test confirmed diagnosis? Clin Was there an autopsy? 0

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 Frank H. Rose, M. D.
(Signed) Albany, Mo.
(Address)

