

JUL 29 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

21670

1. PLACE OF DEATH

County *Shannon*Registration District No. *823*Township *W. Moore*Primary Registration District No. *6074*City *Chiles, J. Albert* (No. *6074*)St. *Mo.* Ward *1*

2. FULL NAME

(a) Residence, No. *Chiles, J. Albert*St. *Mo.*Ward *1*

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. *2* mos. *15* ds.

How long in U. S., if of foreign birth?

yrs. *15* mos. *15* ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

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

—

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

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

Oct. 19, 1897

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

*38**7**5*

OCCUPATION

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

Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Camp F17

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)

Ohio

FATHER

13. NAME

M. Albert

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

MOTHER

15. MAIDEN NAME

Unknown

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

17. INFORMANT

(ADDRESS)

*Earl R. Talbot
Camp F-17 - Minerva, Mo.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Cincinnati, Ohio

DATE

May 27, 1936

19. UNDERTAKER

(ADDRESS)

*W. B. Gray
Van Buren, Mo.*

20. FILED

*7-8**19**36**Mo**Mo**Mo**Mo**Mo**Mo**Mo**Mo**Mo**Mo**Mo**Mo**Mo**Mo**Mo**Mo**Mo**Mo**Mo**Mo**Mo**Mo**Mo*

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

*5-24-1936*22. I HEREBY CERTIFY, That I attended deceased from *5-15-1936* to *5-24-1936*I last saw *him* alive on *5-24-1936*. Death is saidto have occurred on the date stated above, at *8:23 P.M.*
The principal cause of death and related causes of importance were as follows:*Verencia*Date of onset *5-20-36*

Other contributory causes of importance:

*Nephritis**3-15-36*

Name of operation

What test confirmed diagnosis?

Date of

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 *1936*

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)

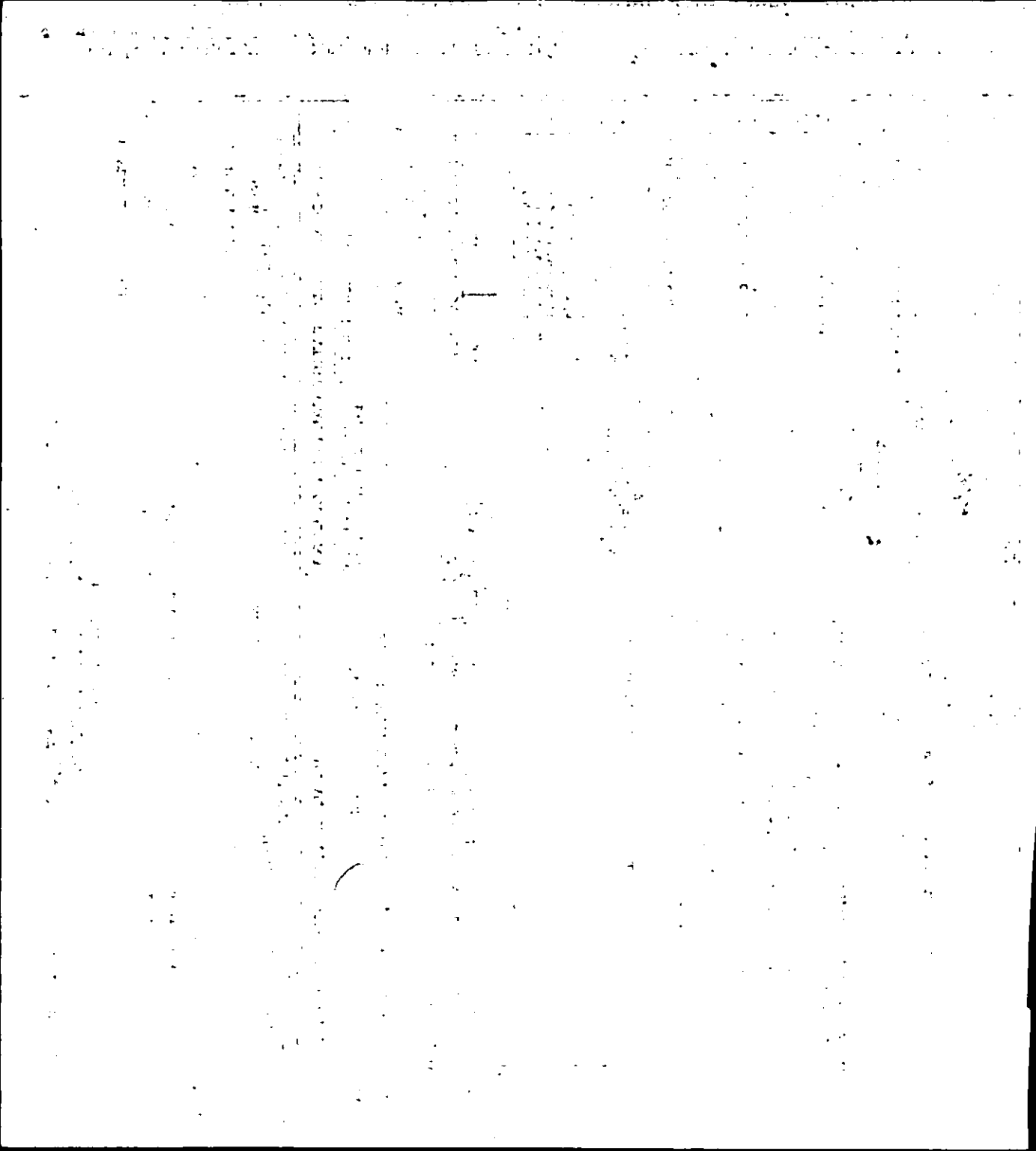
W. B. Gray

M. D.

(Address)

Quincy, 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**

Do not use this space.

1. PLACE OF DEATH

County Shannon

Registration District No. 823

Township

Primary Registration District No. 6074

City

(No.

St.

Ward)

2. FULL NAME

Chas J. Albert

(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)

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. of min.

38

7

2

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)

FATHER

13. NAME

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

MOTHER

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

8-28-36 Mabel Brown

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

5-24-36

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him 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:

Date of onset

uremia

Other contributory causes of importance:

Nephritis, chronic
interstitial

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)

M. J. Eudy

, M. D.

(Address)

Emmenaka 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.

5-21470