

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.

JUL 16 1936

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

Do not use this space.

22065

1. PLACE OF DEATH

County BuchananRegistration District No. 85Township WashingtonPrimary Registration District No. 1001City St. JosephNo. 3523 Mitchell Ave.

File No. _____

Registered No. 935

St. _____ Ward _____

2. FULL NAME John Calit n Albright(a) Residence, No. 3523 Mitchell Av. St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bertha Albright</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 2, 1873</u>		
7. AGE <u>63</u>	YEARS <u>5</u>	MONTHS <u>18</u>
		DAYS <u>18</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Bookkeeper</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Gas Company</u>
	10. Date deceased last worked at this occupation (month and year) <u>June 1936</u>
	11. Total time (years) spent in this occupation <u>20 yrs</u>

12. BIRTHPLACE (CITY OR TOWN) <u>LAUSON</u> (STATE OR COUNTRY) <u>Missouri</u>

FATHER	13. NAME <u>Rev. William Albright</u>
	14. BIRTHPLACE (CITY OR TOWN) <u>Holt</u> (STATE OR COUNTRY) <u>Missouri</u>

MOTHER	15. MAIDEN NAME <u>Sarah J. Wright</u>
	16. BIRTHPLACE (CITY OR TOWN) <u>Laverly</u> (STATE OR COUNTRY) <u>Ill</u>

17. INFORMANT <u>Mrs. J. C. Albright</u> (ADDRESS) <u>3523 Mitchell Ave. St. Joseph Mo.</u>
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18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Holt, Missouri</u> DATE <u>June 22, 1936</u>
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19. UNDERTAKER <u>Heaton-Begole & Bo man</u> (ADDRESS) <u>515 South 13 Street</u>
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20. FILED <u>June 22, 1936</u> <u>H. H. H. H. H.</u> Registrar.
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1935, to June 20, 1936.
I last saw him alive on May 20, 1936. Death is said to have occurred on the date stated above, at 4:20 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral.Date of onset
6-20-36

Other contributory causes (if any):

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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 _____, 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) H. W. Kearby, M. D.
(Address) Kearby's Bldg.

