

AUG 20 1936

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

Do not use this space.

26202

1. PLACE OF DEATH

County Gentry
Township Cooper
City Darlington (No.)

Registration District No. 310
Primary Registration District No. 3429A

File No.
Registered No. 116 St. Ward)

2. FULL NAME

Lalira A. Mann Albin

(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 <u>Female</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>John T. Albin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 18 - 1963</u>		
7. AGE	YEARS	MONTHS
	<u>72</u>	<u>8</u>
		<u>29</u>
	If LESS than 1 day, hrs. or min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation.
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Silboam Mo</u> <u>Gentry Co.</u>
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FATHER	13. NAME	<u>William Mann</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>unknown</u> <u>unknown</u>

MOTHER	15. MAIDEN NAME	<u>Minerva</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>unknown</u> <u>unknown</u>

17. INFORMANT (ADDRESS)	<u>Mrs. Clyde Joragan</u> <u>St. Joseph, Mo.</u>
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18. BURIAL, CREMATION, OR REMOVAL	PLACE <u>Rouse</u> DATE <u>July 19 1936</u>
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19. UNDERTAKER (ADDRESS)	<u>Clifford Brooke</u> <u>Albany, Mo.</u>
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20. FILED	<u>July 18, 1936</u> <u>Mathis David</u> Registrar.
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan -, 1939, to 8 - 17 -, 1936
I last saw h. u alive on 7 - 17 - 36, 1936. Death is said to have occurred on the date stated above, at 5 p. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of the
esophageal valve. Date of onset Feb 30

Other contributory causes of importance:

Hemiplegia
myocarditis. Mar 1935
19.02

Name of operation Date of
What test confirmed diagnosis? Clin 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) Frank H. Rose, M. D.
(Address) Albany, Mo.

