

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.

SEP 29 1936

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 17th + Crystal)

Registration District No. 399
Primary Registration District No. 1000

File No. 31207
Registered No. 491078
St. _____ Ward _____

2. FULL NAME

Henry Meddell Albers
(a) Residence, No. 1608 Belmont 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29 - 1916

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
19 10 29

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

FATHER 13. NAME Henry J. Albers

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

MOTHER 15. MAIDEN NAME Delta May Houghton

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

17. INFORMANT (ADDRESS) Henry J. Albers
1608 Belmont

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE Aug 31 1936

19. UNDERTAKER (ADDRESS) Rose + Henderson
15 + Jackson

20. FILED 8-29 1936 M. M. Conroy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/28/36

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw him alive on 3:40 p.m. 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:

Railroad train struck
Fracture of the skull
Date of onset _____

Other contributory causes of importance:
no 2:06 PM

Name of operation _____ Date of _____
What test confirmed diagnosis _____ Was there an autopsy _____

23. If death was due to external cause (violence), fill in all the following: Accident, suicide, or homicide _____ Date of injury _____

Where did injury occur? At the depot
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Railroad tracks
Nature of injury Run over by passenger train

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) [Signature] M. D.

(Address) [Signature]

