

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

SEP 25 1936

31492

**1. PLACE OF DEATH**

County Laclede Registration District No. 449  
 Township Johnson Primary Registration District No. 5609  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Albert Rose

(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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Don't know</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 22nd 1857</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>1</u>
	DAYS <u>5</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>Farmer</u>	
	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) <u>Ok. S.</u>		
FATHER	13. NAME <u>Don't know</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Don't know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS) <u>John Phumate</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rehabilit. Hosp.</u> DATE <u>about 8/30/36</u>		
19. UNDERTAKER (ADDRESS) <u>Robert Johnson</u>		
20. FILED <u>8-28-36</u> <u>La M'Comb</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1936 to Aug 26, 1936  
 I last saw him alive on Aug 26, 1936 Death is said to have occurred on the date stated above, at 10:4 pm.  
 The principal cause of death and related causes of importance were as follows:  
Heart Prostration  
162  
 Other contributory causes of importance:  
Senility

Date of onset <u>Aug 25-36</u>
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Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis physical exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? none  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) John Phumate, M. D.  
 (Address) Rehabilit. Hosp

