6

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.

32965

1. PLACE OF DEATH SEP 15 1936

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis (No. City Hospital No. 2 (en route to) St. ..... Ward)

File No. ..... Registered No. 8847

2. FULL NAME John Albritton

(a) Residence, No. 223"a" Valentine St. St., 25 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Not Known

7. AGE: Years: Abt. 70 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.

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.: Common

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): Kentucky

FATHER

13. NAME: Not ascertainable

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not ascertainable

MOTHER

15. MAIDEN NAME: Not ascertainable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not ascertainable

17. INFORMANT (ADDRESS): Louise Albritton, 223 "a" Valentine St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Aug 26 '36

19. UNDERTAKER (ADDRESS): J. H. Harrison, 2906 Lawton

20. FILED AUG 26 1936, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 21, 1936. 19

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:30 m. P.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	

Other contributory causes of importance:

Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? .....

If so, specify .....

(Signed) Harold L. Dolan, M. D.

(Address) Dr. Off.