OCT 1 1936

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

Do not use this space.

33444

1. PLACE OF DEATH

County: Vernon — Registration District No.: 875 — File No.:

Township: Washington — Primary Registration District No.: 6162 — Registered No.: 238

City: (No. St. Ward)

2. FULL NAME: Albert Edward Michie

(a) Residence, No.: State Hospital #2 St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 10, 1868

7. AGE: Years 67 | Months 10 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: druggist

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): Unknown

FATHER

13. NAME:

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

MOTHER

15. MAIDEN NAME:

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

17. INFORMANT (ADDRESS): L. E. Michie, 917 W. 5th, Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Joplin Mo. DATE: Aug 17 1936

19. UNDERTAKER (ADDRESS): Frank Summers, Joplin Mo.

20. FILED: Aug 17, 1936 M. Eichinger, Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Mar. 14, 1936, to Aug. 17, 1936. I last saw him alive on ....., 1936. Death is said to have occurred on the date stated above, at 4:40 a.m.

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

	Date of onset
Arteriosclerosis	?
Other contributory causes of importance:	
Fracture of lower jaw	8/9/36

Name of operation: none 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? accident Date of injury: Aug. 9, 1936

Where did injury occur? State Hospital #2, Nevada, Vernon Co., Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Hospital (see above)

Manner of injury: fell from bed to floor

Nature of injury: fracture of lower jaw

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify:

(Signed): I. I. O'Dell, M. D.

(Address): Nevada, Mo.

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.

AUG 7 1948

AUG 7 1948