

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.

FEB 5 1937

323

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph,

Registration District No. 86
Primary Registration District No. 5127
(No. 3 Miles W St. Joseph R F D 6)

File No.
Registered No. 4
St. Ward

2. FULL NAME

Herman Alberts

(a) Residence, No. R.F.D. 6, St. Joseph St., ... Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? 59 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7, 1856.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 4 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm 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) Jan. 20, 1937 11. Total time (years) spent in this occupation 59 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

FATHER 13. NAME Unknown 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER 15. MAIDEN NAME Unknown 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) John Ballard St. Joseph, Mo. R.F.D. 6.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Cemetery St. Joseph, Mo. DATE Jan. 27, 1937

19. UNDERTAKER (ADDRESS) H.O. Sidenfaden 1802 Union Str St. Joseph, Mo.

20. FILED Jan. 27, 1937 B.W. Tadlock M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1937, to Jan 23, 1937.
I last saw him alive on Jan 26, 1937. Death is said to have occurred on the date stated above, at I.P.M.
The principal cause of death and related causes of importance were as follows:

Apoplexy or
Cerebral Hemorrhage
High Blood pressure
Other contributory causes of importance:
Arterio-sclerosis and
High Blood pressure

Name of operation Date of
What test confirmed diagnosis? Chloroform 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
48

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify H. A. Robertson M. D.
(Signed) St. Joseph, Mo
(Address)

