

FEB 26 1937

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

Do not use this space.

898

1. PLACE OF DEATH

County *Dent*

Registration District No. *309*

File No. *898*

Township *Albany*

Primary Registration District No. *1155*

Registered No. *5*

City *Albany*

(No. *1*)

St. *Albany*

Ward *1*

2. FULL NAME

(a) Residence, No. *1*

(Usual place of abode)

St. *Albany*

Ward *1*

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

yrs.

mos.

ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Kenneth Binkley

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

January 12 1853

7. AGE

YEARS

84

MONTHS

DAYS

0

9

If LESS than 1 day, hrs. or min.

OCCUPATION

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

farmer

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)

Owens County, Indiana

FATHER

13. NAME

Lewis Asher

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

Unknown, Indiana

MOTHER

15. MAIDEN NAME

Alley Brown

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

Unknown, Indiana

17. INFORMANT (ADDRESS)

Joseph Asher, Albany, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Kent

DATE

Jan 24, 1937

19. UNDERTAKER (ADDRESS)

Edifford Brown, Albany, Mo.

20. FILED *Jan 23, 1937*

W. H. Martin, Registrar

MEDICAL CERTIFICATE OF DEATH

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

January 21, 1937

22. I HEREBY CERTIFY That I attended deceased from *Jan 11, 1937* to *Jan 21, 1937*

I last saw him alive on *Jan 21, 1937*. Death is said to have occurred on the date stated above, at *6:40 P.M.*

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

Fall and broke Great trochant. of left hip. Contracted P. pneumonia from exposure on ice before he was carried to house. Died of P. pneumonia.

Other contributory causes of importance:

was going to well

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external violence, fill in and the following: Accident, suicide or homicide?

Where did injury occur?

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) *W. H. Martin*

(Address) *Albany, Mo.*

