

MAR 26 1937

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

Do not use this space.

9073

1. PLACE OF DEATH

County Shelby
Township Clary
City Clarence Mo (No. _____)

Registration District No. 827
Primary Registration District No. 4500

File No. _____
Registered No. 6
St. _____ Ward _____

2. FULL NAME

(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

male

4. COLOR OR RACE

white

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

divorced

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

divorced

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

March 18th 1859

7. AGE

77 YEARS

11 MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

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

nursery salesman

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)

6 years

11. Total time (years)

spent in this occupation 10 yrs

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

Jasper Co. Missouri

13. NAME

James Albright

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

Ohio

15. MAIDEN NAME

Angelina Bartholomew

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

Harrison Co Ky

17. INFORMANT (ADDRESS)

Mrs John H Edwards Clarence Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Maple Wood DATE Feb. 20 1937

19. UNDERTAKER (ADDRESS)

Millington Barkelaw

20. FILED

427 19 37 Ray Hamilton

Registrar

MEDICAL CERTIFICATE OF DEATH

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

July 18 1937

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 _____ m.

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

Date of onset

Broncho Pneumonia

Other contributory causes of importance:

Mitral Insufficiency

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) _____

(Address) _____

Frank H Roy M. D.
Clarence Mo

