

JUN 23 1937

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

Do not use this space.

20455 -

1. PLACE OF DEATH

County **Johnson**
Township **Chilhowee**
City **Mo.** (No. _____)

Registration District No. **426**
Primary Registration District No. **5581**

File No. _____
Registered No. **4** St. _____ Ward _____

2. FULL NAME

William F. Albin,

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred **50** yrs. mos. ds. How long in U. S., if of foreign birth? 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) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 14th 1859**

7. AGE YEARS **77** MONTHS **9** DAYS **10** If LESS than 1 day, _____ hrs. or _____ min.

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) **Cloe County Ill**

13. NAME **George Albin**

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

15. MAIDEN NAME **Harritt Rardin**

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

17. INFORMANT (ADDRESS) **Mrs W. F. Albin Chilhowee, Mo**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Pisgah Cem** DATE **May 25-37,**

19. UNDERTAKER (ADDRESS) **O. L. Cook Chilhowee, Mo.**

20. FILED **May 26, 1937** **J. H. Beatty** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 24-1937** 19

22. I HEREBY CERTIFY, That I attended deceased from **May 22, 1937, to May 24, 1937**
I last saw him alive on **May 23, 1937.** Death is said to have occurred on the date stated above, at **4 p.m.**
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset **12/1**
Other contributory causes of importance: **Chronic Bright's Disease**

Name of operation _____ Date of _____
What test confirmed diagnosis? **Culture** 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? **No**
If so, specify _____
(Signed) **J. H. Beatty** M. D.
(Address) **Chilhowee Ill**

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.

OFFICE OF THE DIRECTOR

MEMORANDUM FOR THE DIRECTOR

DATE: 10/10/53

TO:

FROM: SAC, NEW YORK

SUBJECT:

RE: [Illegible]

REFERENCE IS MADE TO

NY 100-100000

NY 100-100000