

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph

Registration District No.
Primary Registration District No.
(No. 2326 Angelique St.)

85
100

File No. 37205
Registered No. 1181
St. 1181 Ward)

2. FULL NAME

Thomas D. Albright

(a) Residence, No. 2326 Angelique St. St. 1181 Ward.

(Usual place of abode)
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. (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 Martha M. Albright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 14, 1873

7. AGE YEARS 64 MONTHS 3 DAYS 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry Driver.
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) Lawson, Mo.

13. NAME William H. Albright

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orange Co., No. Car

15. MAIDEN NAME Sarah Jan e Wright Franklin,

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

17. INFORMANT Jas. R. Albright (ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE Oct. 27, 1937

19. UNDERTAKER Walter M. ... (ADDRESS) 1302 Faron St. St. Joseph, Mo.

20. FILED 10-27-37 N. J. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 25, 1937 .19

22. I HEREBY CERTIFY, That I attended deceased from Oct 17 to Oct 25. I last saw him alive on Oct 25. Death is said to have occurred on the date stated above, at 5.05 P.M. The principal cause of death and related causes of importance were as follows:

Labor pneumonia Oct 16
108
Other contributory causes of importance: Endemic per

Name of operation none Date of 20
What test confirmed diagnosis: seen 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 Franklin M. D. (Address) Kirkpatrick Bldg, St. Joseph, Mo.

