REC'D JUL 25 1938

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

22388
Do not use this space.

1. PLACE OF DEATH
(a) County Maries
(b) Township Jackson
(c) City Vienna
Registration District No. 542 4225
Primary Registration District No. 542-1
Registered No. 6
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 13 yrs. 10 mos. 6 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME PETER ALBERTSON 416
(a) Residence, No. Vienna St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Mary Albertson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18" 1863

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
74	11	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw-mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) June, 1933
11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linwood, Osage Co. Missouri

FATHER
13. NAME Joseph Albertson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilber Indiana

MOTHER
15. MAIDEN NAME Nancy Jane Renfro
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Co. Missouri

17. INFORMANT (ADDRESS) Mary Albertson Vienna, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Vienna, Missouri DATE June 26 1938

19. FUNERAL DIRECTOR (ADDRESS) Carl Birmingham Vienna, Missouri

20. FILED July 5 1938 Florence M. Eads Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1 1936, to June 24 1938
I last saw h..... alive on June 24" 1938. Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
1 12	

Other contributory causes of importance:

none	

Name of operation none 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) O. A. Jones, M. D.
(Address) Vienna, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, H. C. Cunningham, Licensed Embalmer No. 3664

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E. .....

No. ..... or by ..... Registered Apprentice No. .....

working under my personal supervision.

Signed H. C. Cunningham

Licensed Embalmer No. 3664

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)