

REC'D SEP 21 1938

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

Do not use this space.

1. PLACE OF DEATH

38 County Sentry
Township Albany
City Albany (No. 1)Registration District No. 309Primary Registration District No. 4185File No. 28868Registered No. 432. FULL NAME Lucy Catherine Bales 420(a) Residence, No. 1

(Usual place of abode)

St. Mo.Ward. 420

(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

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Unmarried5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFO. H. Bales

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

Aug. 28 - 1870

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.6802

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Home maker9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Harrison Co., Mo.

MOTHER FATHER

13. NAME

Dr. M. Pratt14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown
Illinois

15. MAIDEN NAME

Margaret Dr. Clure16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown
Illinois17. INFORMANT
(ADDRESS)Mr. O. H. Bales
Albany, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Gravestone

DATE

Sept. 1
193819. UNDERTAKER
(ADDRESS)Brooks Funeral Home
Albany, Mo.

20. FILED

Sept. 1, 1938
109, Martin

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Aug. 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from

March 31 —, 1938, to Aug. 30 —, 1938I last saw her alive on Aug. 30, 1938 Death is saidto have occurred on the date stated above, at 10:20 a.m.

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

MyocarditisDate of onset
?

Other contributory causes of importance:

Cholelithiasis?

Name of operation..... Date of.....

What test confirmed diagnosis? clin. 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? no

If so, specify.....

(Signed) Frank H. Rose, M. D.(Address) Albany, Mo.

