

OCT NOV 5 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

36951
Do not use this space.

1. PLACE OF DEATH

(a) County **SCOTT**

(b) Township

(c) City **SIKESTON**

(d) Street No.

Registration District No. **821**Primary Registration District No. **4553**

Registered No.

(e) Length of residence in city or town where death occurred **2** yrs. **0** mos. **0** ds. (If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(BETTY) SUE ALBERSON

(a) Residence, No.

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

FEMALE

4. COLOR OR RACE

WHITE5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
INFANT5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF**INFANT**

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

Sept. 13, 1936

7. AGE

YEARS

2

MONTHS

0

DAYS

27If LESS than 1
day,hrs.
ormin.

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.9. Industry or business in which work
was done, as saw mill, bank, etc.**INFANT**10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN) **SIKESTON**
(STATE OR COUNTRY) **MISSOURI**

FATHER

13. NAME **ELVIS ALBERSON**14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**SIKESTON**
MISSOURI

MOTHER

15. MAIDEN NAME **MILDRED MEYER**16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**SIKESTON**
MISSOURI17. INFORMANT **ELVIS ALBERSON**
(ADDRESS) **SIKESTON, MISSOURI**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **SIKESTON, MISSOURI** DATE **OCT. 11, 1938**19. FUNERAL DIRECTOR (NAME) **H. J. WELSH**
(ADDRESS) **SIKESTON, MISSOURI**20. FILED **10-11** 1938

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **OCT. 10, 1938**22. I HEREBY CERTIFY, That I attended deceased from
OCT 3, 1938, to OCT 10, 1938I last saw him alive on **OCT 10, 1938** Death is said
to have occurred on the date stated above, at **2 P.M.**

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

diphtheria
Pneumonia, LobarDate of onset
10-4-38
10-3-38

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

clinicalWas 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)

(Address)

M. D.

(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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

HARVEY S. JOHNSON

_____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Harvey S. Johnson

Licensed Embalmer No. 3704

P. O. Address Sikeston, Missouri

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

If this body is not embalmed, above space should be left blank.