

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.

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

6496
Do not use this space.

REC'D MAR 17 1939

1. PLACE OF DEATH

(a) County Gentry Registration District No. 310
(b) Township Crocker Primary Registration District No. 5429A
(c) City Darlington (d) Street No. _____
(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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John Tillman Albin
(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura A. Mann
6. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 27 186
7. AGE YEARS 77 MONTHS 10 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Druggist
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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albany Mo.

13. NAME Harry T. Albin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albany Mo.

15. MAIDEN NAME McNelly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albany Mo.

17. INFORMANT (ADDRESS) Mrs. Clyde G. Morgan

18. BURIAL, CREMATION, OR REMOVAL PLACE Rouse DATE Feb. 11 1939

19. FUNERAL DIRECTOR (ADDRESS) Brooks Funeral Home
Albany, Mo.

20. FILED Feb 11 1939 Mattie Scand
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9 1939

22. I HEREBY CERTIFY, That I attended deceased from Mon 30. 1938 to Feb 9, 1939
I last saw him alive on Jan 18, 1939 Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

chronic Nephritis
and chronic
Heart lesion

Date of onset

Other contributory causes of importance:

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Name of operation _____ 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) W.T. Martin M. D.
(Address) Albany, Mo.
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RECEIVED.

District Health Officer No. 11;

District File Number 39-1

3/7/39

STATEMENT BY LICENSED EMBALMER

I, Clifford Brooks, Licensed Embalmer No. 3329

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

L. E.

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

Signed

Clifford Brooks

Licensed Embalmer No. 3329

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.)