

APR 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH9905
Do not use this space.

1. PLACE OF DEATH

(a) County Audrain
(b) Township Saltriver
(c) City Mexico MoRegistration District No. 26
Primary Registration District No. 3002
(d) Street No. Audrain HospitalRegistered No. 54(e) Length of residence in city or town where death occurred 51 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

412 Harriett Albus(a) Residence, No. RFD-3-Mexico Mo.

(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 White. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married life5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Albus6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 18887. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
51. - 8.8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife

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) Audrain Co.
(STATE OR COUNTRY) Mo.13. NAME John J Byrns.14. BIRTHPLACE (CITY OR TOWN) Audrain Co.
(STATE OR COUNTRY) Mo.15. MAIDEN NAME Mattie Byars.16. BIRTHPLACE (CITY OR TOWN) Audrain Co.
(STATE OR COUNTRY) Mo.17. INFORMANT Henry Albus
(ADDRESS) Mexico, Mo.18. BURIAL, CREMATION, OR REMOVAL Mexico, Mo.
Catholic Cemetery, DATE April 11 193919. FUNERAL DIRECTOR H.A. Precht & Son
(ADDRESS) Mexico, Mo.20. FILED 4-10 1939 Blanche Neely
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8 193922. I HEREBY CERTIFY, That I attended deceased from 3-15 to 4-8 1939I last saw him alive on 4-8 1938 Death is said to have occurred on the date stated above, at 4:40 A.M.

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

Cerebrum & all bladder

Date of onset

Other contributory causes of importance:

Resection of Gall Bladder
Cholelithiasis
Spleen - Peristalsis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes23. 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) H.A. Precht M.D.23 (Address) Mexico Mo.

STATEMENT BY LICENSED EMBALMER

I, Earl E. Precht, Licensed Embalmer No. 3189

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Earl E. Precht

L. E.

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

Signed

Earl E. Precht

Mexico, Mo.

Licensed Embalmer No. 3189

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.)