

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

Do not use this space.

25807

1. PLACE OF DEATH

County Montgomery ²

Registration District No. 5-89

Township Beck

Primary Registration District No. 2-7870

City High Hill, Mo. (No. 416)

St. Mo. Ward 22

2. FULL NAME

Mrs. Carrie Albert

(a) Residence, No. High Hill Mo. St. Mo. Ward 22

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. 0 ds. How long in U. S., if of foreign birth? yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND (OR) WIFE OF William J. Albert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 2, 1865

7. AGE YEARS 74 MONTHS 11 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Keeper

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) Wright City, Mo.

13. NAME William J. Albert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Caroline Louise

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT William J. Albert (ADDRESS) High Hill Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wright City, Mo. DATE July 12, 1940

19. UNDERTAKER J. W. Nieburg & Son (ADDRESS) Warrenton, Mo.

20. FILED July 11, 1940 Maryland Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1940

22. I HEREBY CERTIFY That I attended deceased from May 10 1940 to July 10 1940

I last saw her alive on July 10 1940 Death is said to have occurred on the date stated above, at 9:15 p. m.

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

Acute Bronchitis Date of onset 7/1-40

Other contributory causes of importance: Chronic Bright's Disease 20 yrs.

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 _____, 1940

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) J. C. Best M. D.

(Address) High Hill Mo.

STATEMENT OF LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me.

John F. Nieburg
Licensed Embalmer No. 3897
P.O. Address: Warrenton, Mo.