

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

Do not use this space.

33302 <sup>B</sup>

**1. PLACE OF DEATH**

County Henry  
Township.....  
City Clinton (No. ....)

Registration District No. 347  
Primary Registration District No. 3018

File No. ....  
Registered No. 11  
St. .... Ward .....

**2. FULL NAME**

(a) Residence. No. 74th St., ..... Ward.....  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 1, 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
5 0 0 0

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work.....  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Clinton  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Harvey Albin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clinton  
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Beulah Logman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bolivar, Mo.  
(STATE OR COUNTRY) Mo.

14. INFORMANT Chas. Albin  
(Address) Clinton, Mo.

15. FILED Jan 27 1928 Dr. E. C. Peelor  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 6 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 2 1927, to Nov 6 1927 that I last saw him alive on Nov 6 1927, and that death occurred, on the date stated above, at 1:45 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
A Congenital Heart Lesion  
1578  
159B

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no, DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) J. J. Walsh, M. D.  
, 19 (Address) Clinton, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Englewood DATE OF BURIAL Nov. 7 1927

20. UNDERTAKER Spoore & Row ADDRESS Clinton, Mo.

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.

