

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

Do not use this space.  
**29075**

**1. PLACE OF DEATH**

**42** County Henry Registration District No. 347  
**4** Township Clinton Primary Registration District No. 2018  
**7** City Clinton (No.       ) St.        Ward       

File No.         
Registered No. 81

**2. FULL NAME**

Albie Inloes  
(a) Residence, No. 309 North 54th Ward.         
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> <u>Male</u>	<b>4. COLOR OR RACE</b> <u>White</u>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> <u>Married</u>
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED</b> HUSBAND OF (OR) WIFE OF <u>Ethel Inloes</u>		
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <u>Jan - 19 1878</u>		
<b>7. AGE</b>	<b>YEARS</b> <u>54</u>	<b>MONTHS</b> <u>7</u>
	<b>DAYS</b> <u>19</u>	<b>If LESS than 1 day, hrs. or min.</b>
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b> <u>Farmer 1930</u>	
	<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b>	
	<b>10. Date deceased last worked at this occupation (month and year)</b>	
	<b>11. Total time (years) spent in this occupation</b> <u>47</u>	
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Virden 2 Illinois</u>		
<b>FATHER</b>	<b>13. NAME</b> <u>Hayden S. Inloes</u>	
	<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Illinois</u>	
<b>MOTHER</b>	<b>15. MAIDEN NAME</b> <u>Francis B. Mooman</u>	
	<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Illinois</u>	
<b>17. INFORMANT (ADDRESS)</b> <u>Ethel Inloes</u>		
<b>18. BURIAL, CREMATION, OR REMOVAL PLACE</b> <u>Coglewood</u> DATE <u>Sept 11 1932</u>		
<b>19. UNDERTAKER (ADDRESS)</b> <u>Fred Wilkinson</u> <u>Clinton Mo</u>		
<b>20. FILED</b> <u>9/9</u> 19 <u>32</u> <u>Ed C. P. Jor</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Sept - 8 1932

**22. I HEREBY CERTIFY, That I attended deceased from**  
May, 1932, to Sept 8, 1932  
I last saw him alive on Sept 5, 1932. Death is said to have occurred on the date stated above, at 4:20 P.M.  
The principal cause of death and related causes of importance were as follows:  
Paralysis optica  
Chronic Myocarditis with pulmonary edema  
Date of onset 1925

Other contributory causes of importance:  
Chronic Myocarditis with pulmonary edema Aug 15 1932

Name of operation none Date of       

What test confirmed diagnosis?        Was 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) S. B. Hughes, M. D.  
(Address) Clinton, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

SEP 23 1932

61  
19  
88

61-1-8281  
1878-1-19  
8-6-21861