

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.

NOV 14 1934

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

Do not use this space.

1. PLACE OF DEATH

County Henry
Township Montrose
City Montrose (No.)

Registration District No. 352
Primary Registration District No. H209

File No. 35841
Registered No. 13 St. Ward)

2. FULL NAME

Minnie Albrecht

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>widowed</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 5, 1852</u>				
7. AGE	YEARS <u>82</u>	MONTHS <u>9</u>	DAYS <u>10</u>	If LESS than 1 day, hrs. or, min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, 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) <u>Germany</u>				
FATHER	13. NAME <u>John Barth</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>				
15. MAIDEN NAME <u>Hansky</u>				
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT <u>Mrs Fannie Nelson</u> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hopewell</u> DATE <u>Oct 17</u> 19 <u>34</u>				
19. UNDERTAKER <u>J. L. ...</u> (ADDRESS) <u>Montrose Mo.</u>				
20. FILED <u>Oct 17</u> 19 <u>34</u> <u>J. M. Miller</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Sep 20 1933 to Oct 15 1934
I last saw him alive on Oct 15 1934 Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:
Cancer of bladder.
Date of onset

Other contributory causes of importance:
53

Name of operation none Date of operation

What test confirmed diagnosis? Chemical 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) J. M. Miller M. D.
(Address) Montrose Mo.

