JAN 20 1937

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

Do not use this space.

File No. 44622
Registered No. 390

1. PLACE OF DEATH
County Jackson
Registration District No. 398
Township
Primary Registration District No. 3019
City Independence (No. , St. Ward)

2. FULL NAME Albert L Race
(a) Residence, No. 823 North Liberty St., Street Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 1 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Irene Race
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 21 1849
7. AGE Years 87 Months 3 Days 18 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Falmouth (STATE OR COUNTRY) Pendleton Co, Ky.

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Albert Race Jr.
(ADDRESS) Blue Springs
18. BURIAL, CREMATION, OR REMOVAL
PLACE Six Mile Cem DATE Dec. 11. 1936
19. UNDERTAKER V M Reppert
(ADDRESS) Buckner Mo.
20. FILED 12-15-1936 F. L. Cook *Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10. -36. 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1936, to Dec 10, 1936

I last saw h~~er~~ im alive on Dec 10, 1936. Death is said to have occurred on the date stated above, at 2 AM m.

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

Date of onset

18

Other contributory causes of importance:

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 , 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) , ~~M. D.~~
(Address) Indep., 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.