

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

40118

Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence 3 Registration District No. 420
 (b) Township Jeff Primary Registration District No. 5-6-33 Registered No. 162
 (c) City Mt. Vernon (d) Street No. Missouri State Sanatorium St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME William John Alberty

(a) Residence, No. Canton, Missouri St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5, 1909

7. AGE YEARS 30 MONTHS 0 DAYS 23 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) Summer 1938 11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canton Missouri

FATHER 13. NAME Henderson D. Alberty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis County Missouri

MOTHER 15. MAIDEN NAME Emma Heithold

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis County Missouri

17. INFORMANT E. McMichael, Record Clerk
 (ADDRESS) Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Canton Mo. DATE Nov. 28, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fassett Funeral Home
Mt. Vernon Mo.

20. FILED Nov 27 1939 PA Palmer
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27, 1939 ~~XX~~

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1938, to Nov. 27, 1939 ~~XX~~
 I last saw him alive on Nov. 27, 1939 Death is said to have occurred on the date stated above, at 5:00p.m.

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

Pulmonary tuberculosis

Date of onset 1937

Other contributory causes of importance:
tuberculous enteritis 1939
II Lymphatic 1939

Name of operation _____ Date of _____
 What test confirmed diagnosis? Aspiration Was there an autopsy? Yes

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? _____
 If so, specify _____
 (Signed) J. A. Stocker, M. D.

(Address) 4811 N. W. 11th St. St. Louis, 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.

RECEIVED

District Health Officer No. 6,

District File Number 1239-2456

Date Filed DEC 6 1939

STATEMENT BY LICENSED EMBALMER

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

H W Fossett

Registered Apprentice No.....

working under my personal supervision.

Signed H W Fossett

Licensed Embalmer No. 2201

P. O. Address MT Vernon V

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.