

AUG 18 1939

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

26411

Do not use this space.

## 1. PLACE OF DEATH

 (a) County Oregon Registration District No. 1143  
 (b) Township Basin falling Primary Registration District No. 5836  
 (c) City or (d) Street No. \_\_\_\_\_ St.  
 (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 Dortha Imogene Alberte
 (a) Residence, No. Shanon Co. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED School girl

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep 22/1924
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
14 10 1

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School girl  
 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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_
12. BIRTHPLACE (CITY OR TOWN) Oregon Co Mo (STATE OR COUNTRY)13. NAME Martin Len Albert14. BIRTHPLACE (CITY OR TOWN) Redford Mo (STATE OR COUNTRY)15. MAIDEN NAME Adaline Snason x Snelson16. BIRTHPLACE (CITY OR TOWN) unkn wn (STATE OR COUNTRY)17. INFORMANT Ava West (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fallen Springs DATE \_\_\_\_\_ 19\_\_19. FUNERAL DIRECTOR (NAME) Duncan (ADDRESS) 1st Ave in20. FILED aug 7 1939 Mrs A. O. Roberts Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 19 39

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

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

Accidental DrowningOther contributory causes of importance: 183

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 By Drowning

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) C. C. Kellert Coroner(Address) Trayer mo

RECEIVED  
District Health Officer No. 5,  
District File Number 8397  
Date Filed 8-10-39

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**