N 27 1929

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

Do not use this space.

18823

File No.
Registered No. 30

1. PLACE OF DEATH
County Montgomery Registration District No. 571
Township Walker Primary Registration District No. 4769
City (No. St. Ward)

2. FULL NAME Lena H Albrecht

(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. COLOR OR RACE: White | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

If MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Albert Albrecht

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 18 51

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	11	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Herm Schmidt
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Schiele
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Geo. Bleuch
(Address) Coldfront Mo

15. FILED May 31 1929 Jessie Rath, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 29 1929

17. I HEREBY CERTIFY, That I attended deceased from several months to ....., 19....
that I last saw h.... alive on May 26 1929, and that death occurred, on the date stated above, at 6 30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Interstitial Nephritis.
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CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) L M Gray, M. D.
May 29. 1929 (Address) California Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Lebanon Hill Cem | DATE OF BURIAL: May 31 1929
20. UNDERTAKER: J W Wilson & Son | ADDRESS: California Mo