MAY 27 1927

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

Do not use this space.

12141

1. PLACE OF DEATH
County Johnson
Township Warrensburg
City Johnson (No. ..... St. ..... Ward)

Registration District No. 431
Primary Registration District No. 3023

File No. .....
Registered No. .....

2. FULL NAME David Aber (Sergt. Co. K., 82 Ohio Volunteer Infantry)
(a) Residence. No. 425, Grover St., 3rd Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 43 yrs. 8 mos. 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Eliza (Shoup) Aber

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 8-1843

7. AGE: 84 YEARS | MONTHS: 3 | DAYS: 11 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (Near) Carrollton
(STATE OR COUNTRY) Carroll County, Ohio

PARENTS
10. NAME OF FATHER: William Aber
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Westmoreland
(STATE OR COUNTRY) County, Pennsylvania
12. MAIDEN NAME OF MOTHER: Eleanor Dirrim
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wayne County
(STATE OR COUNTRY) Ohio

14. INFORMANT: M. D. Aber (Son)
(Address) Warrensburg, Missouri

15. FILED 4/23 1927 Wm E Patterson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April, 19 1927

17. I HEREBY CERTIFY, That I attended deceased from Mch 31 1927 to April 19 1927 that I last saw him alive on April 19 1927, and that death occurred, on the date stated above, at 6-40 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteria Sclerosis
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 9/13
(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) H F Parker, M. D
April 22 1927 (Address) Warrensburg 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: Sunset Hill Cemetery
DATE OF BURIAL: 4/22 1927

20. UNDERTAKER: S. R. Sweeney
ADDRESS: Warrensburg

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
(Corrected) CERTIFICATE OF DEATH

Do not use this space.

SUPPLEMENTAL

1. PLACE OF DEATH

County Johnson Registration District No. File No.

Township Warrensburg Primary Registration District No. Registered No.

City Warrensburg (No. St. Ward)

2. FULL NAME David Aber, (Sergt. Co. K, 82 Ohio Volunteer Infantry)

(a) Residence. No. 425 Grover St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. 8 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Eliza (Shoup) Aber

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jany. 9, 1843

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8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Justice of the Peace & Insurance Agent
(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): (Near) Carrollton Carroll County, Ohio

PARENTS

10. NAME OF FATHER: William Aber
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Westmoreland Co. Pa.
12. MAIDEN NAME OF MOTHER: Eleanor Dirrim
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Wayne County, Ohio

14. INFORMANT: M. D. Aber (son)
(Address) Warrensburg, Missouri

15. FILED 4/23, 1927 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 20, 1927

17. I HEREBY CERTIFY, That I attended deceased from March 21, 1927, to April 20, 1927 that I last saw him alive on April 20, 1927, and that death occurred, on the date stated above, at 6.40 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(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) [signature], M. D.
, 19 (Address) Warrensburg, Missouri

*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: Sunset Hill Cem. DATE OF BURIAL: 4-22 1927

20. UNDERTAKER: S. R. Sweeney ADDRESS: Warrensburg Mo

SUPPLEMENTAL

N. B.—Every item of information should be carefully supplied. [illegible] PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. [illegible] of OCCUPATION is very important.

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