N 21 1929

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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
CERTIFICATE OF DEATH

85

Do not use this space.

39550

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 1001 — File No.:

Township: — Primary Registration District No.: — Registered No.: 1468

City: St. Joseph, (No. 2704 Lafayette St. St. Ward)

2. FULL NAME: Ray Elwin Mabie

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

Length of residence in city or town where death occurred yrs. 3 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: Francis B. Mabie

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug, 25, 1887

7. AGE: Years 41 | Months 3 | Days 29 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Traveling Salesman

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: ~~Prima~~ Pierce Oil Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Beattie, Kansas

PARENTS

10. NAME OF FATHER: Daniel M. Mabie

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Rockford, Ill.

12. MAIDEN NAME OF MOTHER: Sophia A. Park

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Poplar Grove, Ill.

14. INFORMANT: D. M. Mabie
(Address): 2704 Lafayette St.

15. FILED DEC 26 1928, 19 John G. Ott, M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec, 24, 1928 19

17. I HEREBY CERTIFY, That I attended deceased from Dec 16, 19 28, to Dec 24, 19 28, that I last saw b. alive on Dec 24, 19 28, 19, and that death occurred, on the date stated above, at 6.55 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Progressive Muscular atrophy

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

O DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [illegible], M. D.

, 19 (Address) St Joseph 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: Mt. Auburn Cemetery — DATE OF BURIAL: Dec. 26, 19 28

20. UNDERTAKER: Walter Meinhoffer — ADDRESS: 1302 Faraon St.