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

Do not use this space.
13870

1. PLACE OF DEATH
County Buchanan
Township
City St. Joseph, (No. 2704 Lafayette St. Ward)

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 447

2. FULL NAME Daniel Mather Mabie,
(a) Residence. No. 2704 Lafayette St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MAY 23 1929

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.

THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Sophia A. Mabie

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 5, 1842

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	6	27	

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

9. BIRTHPLACE (CITY OR TOWN) Rockford,
(STATE OR COUNTRY) Illinois,

PARENTS
10. NAME OF FATHER Giles Mabie,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,
12. MAIDEN NAME OF MOTHER Lucy Case,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

14. INFORMANT Mrs. L. M. Mabie
(Address) 2704 Lafayette Street,

15. FILED APR 2 1929 19 John G. Ott REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 2, 1929

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1929 to April 2, 1929 that I last saw him alive on April 2, 1929 and that death occurred, on the date stated above, at 9:55 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchitis
Acute
Chronic
(duration) yrs. mos. 20 ds.
CONTRIBUTORY (SECONDARY) Old age
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Everett Sharp, M. D.
Apr. 2, 1929 (Address) 701 Hall Bldg

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Auburn Cemetery, DATE OF BURIAL Apr. 3rd. 1929

20. UNDERTAKER Morton Pitt Hale & Bowman by J. H. Kane ADDRESS 319 S. 10 St. Funeral Home

1782