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

Do not use this space.

23908

AUG 26 1930

1. PLACE OF DEATH
County Polk
Township Marion
City ~~Bolivar~~ (No. ..... St. ..... Ward)

Registration District No. 701
Primary Registration District No. 5930

File No. .....
Registered No. 49

2. FULL NAME John W Ables

(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.

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~~ Emma Ables

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feby 11 1871

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
59	5	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(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) Polk Co Mo

PARENTS

10. NAME OF FATHER James D Ables
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Polk Co Mo
12. MAIDEN NAME OF MOTHER Isabelle Morrow
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

14. INFORMANT Ralph Jos E Ables
(Address) Bolivar Mo

15. FILED 7/3, 1930 F. Robert Bridges REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12 1930

17. I HEREBY CERTIFY, That I attended deceased from June 20th, 1930, to July 12, 1930 that I last saw him alive on July 12, 1930, and that death occurred, on the date stated above, at 5.05 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris —
44H

(duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (SECONDARY) 89

(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) J. H. Bridges
7/3, 1930 (Address) Bolivar 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: Salem
DATE OF BURIAL: July 13 1930

20. UNDERTAKER: Hutcheson Blue
ADDRESS: Bolivar Mo

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.