

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

Do not use this space.

**7514**

**1. PLACE OF DEATH**

County..... Buchanan .....

Registration District No. 85

Township.....  
City..... St. Joseph Mo .....

Primary Registration District No. 1001  
913 Douglass

File No. ....

Registered No. 316

St. .... Ward)

**2. FULL NAME**

Mrs Gertrude Mabin

(a) Residence, No. 913 Douglass 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF Clarence Mabin  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
38 1 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Jackson County  
(STATE OR COUNTRY) Kansas

13. NAME Edward Hurd  
Louisville

14. BIRTHPLACE (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY)

15. MAIDEN NAME Martha Woodson  
Unknown

16. BIRTHPLACE (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY) Clarence Mabin (Husband)

17. INFORMANT (ADDRESS) 913 Douglass St

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Ashland DATE April 2, 1932

19. UNDERTAKER (ADDRESS) B.F.Graves Funeral Home  
806, S 17th St

20. FILED 4-6-32 John R. Bender Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 31, 1932

22. I HEREBY CERTIFY That I attended deceased from Mar 28, 1932, to Mar 29, 1932

I last saw him alive on Mar 29, 1932 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

Prof. Tbc.  
23A  
121B  
123C  
Other contributory causes of importance:  
Tuberculous meningitis  
fractured pelvis following op.

Date of onset  
See?  
Milkman  
Feb 25/32

Name of operation appt. Joseph Date of no  
What test confirmed diagnosis? Chem. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? .....  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify Franklin Warburton M. D.  
(Signed) Franklin Warburton  
(Address) Two Palmer 309

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. OCCUPATION is very important.

APR 25 1932

