

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

Do not use this space.

28344

1. PLACE OF DEATH
 113 County Worth Registration District No. 904
 Township Union Primary Registration District No. 6215
 City Barrell (No. _____) St. _____ Ward _____

2. FULL NAME John Adam Gabbers
 (a) Residence No. Barrell St. _____ Ward _____
 (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 20 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 Monte Blaylock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June - 1 - 1870

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>62</u>	<u>2</u>	<u>28</u>	

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

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

10. Date deceased last worked at this occupation (month and year) 1928 11. Total time (years) spent in this occupation 62

12. BIRTHPLACE (CITY OR TOWN) Sentry Co. Mo. (STATE OR COUNTRY) 1

13. NAME Francis Joseph Gabbers

14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY) 2

15. MAIDEN NAME Eli Gabbers

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

17. INFORMANT L. V. Gabbers (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Sentry DATE August 30, 1932

19. UNDERTAKER A. J. Phipps & Co. (ADDRESS)

20. FILED Sept. 11, 1932 Mrs. Lucien Boyd Registrar

MEDICAL CERTIFICATE OF DEATH

2
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1932 to Aug 28, 1932
 I last saw him alive on Aug 26, 1932. Death is said to have occurred on the date stated above, at 10 P. m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach
165
820 46B
 Other contributory causes of importance Pancreas

Name of operation none Date of _____
 What test confirmed diagnosis? Clinical 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 1, 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 (1)

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) J. K. PHIPPS, M. D.
 (Address) Grant City Mo

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.

