

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

File No. **29854**
Registered No. **5**
St. _____ Ward _____

1. PLACE OF DEATH
69 County **Monroe** Registration District No. **5-83**
Township **Jefferson** Primary Registration District No. **5781**
City **Stoutsville Mo.** (No. _____) _____ St. _____ Ward _____

2. FULL NAME **Madison B. Th. Abell**
(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 **47** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widowed**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Sarah Abell**
6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb 2nd 1845**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
87 7 9
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Machinist**
(b) General nature of industry, business, or establishment in which employed (or employer) **thrashing + saw mill**
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) **Ralls Co. Mo.** (STATE OR COUNTRY) _____

10. NAME OF FATHER **Don't know**
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Don't know**
12. MAIDEN NAME OF MOTHER **Gleresa Spalding**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

14. INFORMANT **J. M. Abell** (Address) **Stoutsville Mo**

15. Filed **10-1-1932** **W. T. Bell** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept. 11th 1932**
17. I HEREBY CERTIFY, That I attended deceased from _____, 19____ that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ **6 a.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Do not know
700 B
200 B
CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. mos. da.

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) **W. T. Bell**, M. D.
, 19 (Address) **Stoutsville 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 **Stoutsville Semetary** DATE OF BURIAL **Sept 12th 1932**
20. UNDERTAKER **Wilson + Son Monroe Mo** ADDRESS _____

700

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.

OCT 28 1932

