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.

NOV 25 1932

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

Do not use this space.

32875

1. PLACE OF DEATH
62 County Madison — Registration District No. 088 — File No.
1 Township ~~St. Michael~~ — Primary Registration District No. 2021 — Registered No.
4 City Fredericktown (No. , St. Ward)

2. FULL NAME Mabel Mage

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 F.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1-1904

7. AGE YEARS 28 MONTHS 8 DAYS 25 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Waitress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 247
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Wm Mage
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Mo.

MOTHER
15. MAIDEN NAME Dora St. Clair
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Mo.

17. INFORMANT (ADDRESS) Wm Mage Mill Creek Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE Oct. 28, 1932

19. UNDERTAKER (ADDRESS) Ed. H. Webb Fredericktown Mo.

20. FILED Oct 30, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1929, to Oct. 19, 1932
I last saw her alive on Oct 3, 1932 Death is said to have occurred on the date stated above, at 2:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Spine	
26	
1520	

Other contributory causes of importance:
Psoas abscess

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) [signature], M. D.
(Address) Fredericktown Mo.