

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

Do not use this space.

40420

1. PLACE OF DEATH  
54 County Lafayette

Registration District No. 464

File No. 15-

8 Township Adessa  
2 City Adessa

Primary Registration District No. 4277

Registered No. 52

2. FULL NAME Stanford Mabery. (MAYBERRY)

(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 negro. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Washington Mabery.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13, 1846.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>86</u>	<u>3</u>	<u>10</u>	

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.  
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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adessa Mo.,

MOTHER  
13. NAME Sam Mabery.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known.

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known.

17. INFORMANT Fred Mabery no. (ADDRESS) Adessa Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Adessa. DATE 12/26, 1932

19. UNDERTAKER R. C. Kusman, Inc. (ADDRESS) Adessa Mo.

20. FILED 1/10, 1933 R. Schaal Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1 1932 to Dec 23, 1932  
I last saw him alive on Dec 23, 1932 Death is said to have occurred on the date stated above, at 12 P. m.

The principal cause of death and related causes of importance were as follows:  
Coronary Arteriosclerosis (Date of onset)  
Myocardial Infarction  
131 1  
Other contributory causes of importance: Anasarca (dropsy)

Name of operation \_\_\_\_\_ 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 \_\_\_\_\_, 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) R. Schaal, M. D.  
(Address) Adessa 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.

