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.

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

Do not use this space.

1. PLACE OF DEATH
55 County Lawrence
Township Mt Vernon
City ..... (No. ..... St. ..... Ward)

Registration District No. 470
Primary Registration District No. 5633

File No. 18 6338
Registered No. .....

2. FULL NAME Abner Bain

(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 M.
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE 73 YEARS About MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

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

31 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

FATHER
13. NAME Unknown
31 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
31 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Hyson Wise Mt Vernon

18. BURIAL, CREMATION, OR REMOVAL
PLACE County Young Cem DATE Feb 14 1933

19. UNDERTAKER (ADDRESS) Phillips & Fossett Mt Vernon Mo

20. FILED 3/10, 1933 W J Fulton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feby 12, 1933, to Feby 13, 1933
I last saw him alive on Feb 12, 1933 Death is said to have occurred on the date stated above, at 7 m.
The principal cause of death and related causes of importance were as follows:

Excessive Cold
Found in Old Shoes
Bodly Frozen had
lived at this place for
yrs

Date of onset

Other contributory causes of importance:

190

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? Frozen Date of injury 2/11/33
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 Bodly Frozen

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) W J Fulton, M. D.
(Address) Mt Vernon Mo