

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

Do not use this space.

15361

1. PLACE OF DEATH

97 County Saline Registration District No. 744
Township Cambridge Primary Registration District No. 6037A
City (No) _____ Ward _____

File No. _____
Registered No. 2 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12-1867
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 1 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) Saline Co

13. NAME Henry Gabb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Margaret Putenke

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

17. INFORMANT Mrs Josie Gabb
(ADDRESS) Saline Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Saline DATE April 9-1933

19. UNDERTAKER John Gabb
(ADDRESS) Saline Mo

20. FILED 4-29 1933 J. H. Gordon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27 1933

22. I HEREBY CERTIFY, that I attended deceased from 4-24-33 1933, to 4-27 1933
I last saw h. _____ alive on _____ 19____. 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:

Business of
Stomach
4/6/33
Other contributory causes of importance: none
Date of onset Apr 6 1933

Name of operation _____ Date of _____
What test confirmed diagnosis? Cholera Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
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? No
If so, specify _____
(Signed) J. H. Gordon M. D.
(Address) Saline 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.

JUN 24 1933

