

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

Do not use this space.

29582

399

1. PLACE OF DEATH
 County Jackson Registration District No. 399 File No. 3494
 Township Rau Primary Registration District No. 100 Registered No. 3494
 City N. C. Mo (No. Research Hospital) St. _____ Ward _____

2. FULL NAME Adella Kabiner
 (a) Residence, No. 610 Bondy 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 7 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo D B.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28-1859
 7. AGE YEARS 73 MONTHS 8 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

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

FATHER
 13. NAME Crittendon Wyatt

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

MOTHER
 15. MAIDEN NAME Mary M. Duncan

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

17. INFORMANT Mrs W. G. Kabiner
 (ADDRESS) Case 2nd mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Travis Valley DATE Sept 5 1933

19. UNDERTAKER A. Dreher
 (ADDRESS) 1415 E. 15

20. FILED 9-3 1933 M. M. Brown
 Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-2 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-29 1933, to 9-2 1933

I last saw her alive on 8-1 1933 Death is said to have occurred on the date stated above, at 100 m.

The principal cause of death and related causes of importance were as follows:

Bronch's Pneumonia Left, 100%
Erysipelas (Joints) 8-15-33
663/110A
107A

Other contributory causes of importance:
Incomplete Heart
Block, Thyrotoxic!

Name of operation none 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? E 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 L
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) C. G. Hunt, M. D.
 (Address) 1415 E. 15

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.

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