

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

Do not use this space.

35509 ²/_B

1. PLACE OF DEATH

County Wright
Township mtu Grove
City Wright (No. 908)

Registration District No. 908
Primary Registration District No. 6222

File No. _____
Registered No. 59
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Marion W. Absheer Ward _____
(Usual place of abode) mtu Grove, mo

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) Oct-1-1867
7. AGE YEARS 66 MONTHS 6 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Missouri (STATE OR COUNTRY) ✓

13. NAME Isaac Absheer

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

15. MAIDEN NAME Nancy Bellum

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

17. INFORMANT Ray Absheer (ADDRESS) mtu Grove, mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Thomas Elm DATE Oct-8-1933

19. UNDERTAKER none (ADDRESS) ✓

20. FILED 12-15, 1933 Berice Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-7-, 1933

22. I HEREBY CERTIFY That I attended deceased from Oct-1-, 1933 to Oct-7-, 1933

I last saw him alive on Oct-1-, 1933 Death is said to have occurred on the date stated above, at 12:30a.

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

Hemorrhage of brain Date of onset _____

Other contributory causes of importance:

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 ✓, 1933

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 D. J. Danning

(Signed) W. J. Danning, M. D.

(Address) W. J. Danning, Mo.

5-35509-A
(2)