

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

Do not use this space.

36123

1. PLACE OF DEATH

County Camden Registration District No. 284
Township Helscomb Primary Registration District No. 5404 1/3
City _____ (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

John S. Grabel
(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S. widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 3 - _____

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

13. NAME Not known

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

15. MAIDEN NAME _____

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

17. INFORMANT John S. Grabel
(ADDRESS) Postoffice no.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlan Cem. DATE Nov 27 1933

19. UNDERTAKER F. W. Langhew
(ADDRESS) Camden Mo.

20. FILED 12-11 1933 F. A. Anderson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov, 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1933, to Nov 26 1933

I last saw him alive on Nov 26 1933. Death is said to have occurred on the date stated above, at 11 a.m.

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

Primum Labat 10/15/33
10/26
12/1/33
10/27
Other contributory causes of importance:
hypertension of heart
obstruction of heart

Name of operation _____ Date of _____
What test confirmed diagnosis Primum 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 6 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 Yes
(Address) Helscomb - Mo.
Helscomb

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.

JAN 4 1934

