

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

Do not use this space.

39714-3

1. PLACE OF DEATH
 County Greene Registration District No. 316
 Township Boone Primary Registration District No. 4191
 City Ash Grove (No. _____) St. _____ (Ward _____)

File No. _____
 Registered No. 26

2. FULL NAME Doreu Eugene Able
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11/21/1933</u>		
7. AGE YEARS _____	MONTHS _____	DAYS <u>22</u> If LESS than 1 day, : _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Telephone Man</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ash Grove Mo.</u>	
	13. NAME <u>James A Able</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greenville Ill</u>	
	15. MAIDEN NAME <u>Florence E Gerhardt</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Johnson Barracks Mo</u>		
17. INFORMANT (ADDRESS) <u>Jas A Able Ash Grove Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ash Grove</u> DATE <u>12-14-33</u>		
19. UNDERTAKER (ADDRESS) <u>Galbraith Mch Co Ash Grove Mo</u>		
20. FILED <u>1-2</u> 19 <u>34</u> <u>J. P. Galbraith</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/13, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-21-1933, to Dec 13, 1933.
 I last saw him alive on Dec 12, 1933. Death is said to have occurred on the date stated above, at 2:45 PM.
 The principal cause of death and related causes of importance were as follows:
Premature infant. Date of onset _____
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 Other contributory causes of importance none

Name of operation _____ 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? _____ 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? _____
 If so, specify _____
 (Signed) Charles H. McHaffie, M. D.
 (Address) Ash Grove 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.

FEB 27 1934
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