

JAN 26 1934

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

Do not use this space.

40622

1. PLACE OF DEATH

56 County Lewis
Township Highland
City _____ (No. _____)Registration District No. 478
Primary Registration District No. 3682File No. 19
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

(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 MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Veach6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 19 - 18657. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 1 28. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmers

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 all12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis Co. Mo13. NAME Samuell Abell14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.17. INFORMANT (ADDRESS) Steve Abell
Durham, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Durham DATE Dec 23 193319. UNDERTAKER (ADDRESS) Thos Bally Row20. FILED 1-5- 1934 Anna K. Ball
Durham Registrar.

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21 193322. I HEREBY CERTIFY, That I attended deceased from Dec 5 1933, to Dec 20 1933.I last saw him alive on Dec 20 1933. Death is saidto have occurred on the date stated above, at 9⁰⁰ A. M.

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

Cerebral Hemorrhage
Causing Coma
Paralysis of Left Side.
Date of onset Dec 5

Other contributory causes of importance:

Auto Intoxication

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no23. 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? no

If so, specify _____

(Signed) W. H. Custer, M. D.(Address) Durham Mo

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