

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.

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

Do not use this space.

40964

File No. 300
Registered No. 668
St. _____ Ward _____

1. PLACE OF BIRTH

80 County Pettis
4 Township _____
8 City Sedalia (No. 604 W. 5)

Registration District No. 668
Primary Registration District No. 3032

2. FULL NAME

(a) Residence, No. 604 W. 5 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 5 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
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Absher
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9 1880
7. AGE YEARS 83 MONTHS 1 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

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) Jan. 1, 1912 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

13. NAME John Absher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME No Data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

17. INFORMANT Mr. J. L. Absher (ADDRESS) Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE 12-6-1933

19. UNDERTAKER McLaughlin Bros (ADDRESS) Sedalia Mo

20. FILED 12-5-1933 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-4- 1933

I HEREBY CERTIFY, That I attended deceased from Nov 33 to Dec 4, 1933

I last saw him alive on Dec 4, 1933 Death is said to have occurred on the date stated above, at 2:30 P.m.

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

Embolism Cerebral Infarct

8/80
8/80

Other contributory causes of importance: A slight hemiplegia on right side 3 days previously.

Name of operation None Date of _____

What test confirmed diagnosis? Obituary 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? No
If so, specify _____

(Signed) J. L. Absher M. D.

(Address) 117 W. 4 St Sedalia Mo

