JAN 26 1934

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

Do not use this space.

40979

File No. 318

Registered No. 668

Registration District No. 668

Primary Registration District No. 3092

1. PLACE OF DEATH
County Pettis
Township
City Sedalia (No. 1213 S. Ham St. Ward)

2. FULL NAME Emmett Fowler Mabry

(a) Residence, No. 1213 S. Ham 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29 1868

7. AGE
YEARS 65 MONTHS 6 DAYS 25
If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
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) Mo

FATHER
13. NAME Ed Mabry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Amanda Fowler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Dr. Henry Mabry
(ADDRESS) Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mrs Park DATE 12/26/33

19. UNDERTAKER Pellegrin Funeral Home
(ADDRESS) Sedalia Mo

20. FILED 12-26, 1933 Jean Black
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1933, to Dec 24, 1933
I last saw him alive on Dec 24, 1933. Death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | Dec 23 1933 |
| 191 | |
| KYA | |
| 997 | |
| 77 | |

Other contributory causes of importance
Arteriosclerosis
+ Chronic nephritis

Name of operation None 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? No 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Chas Mueller, M. D.
(Address) Sedalia Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD