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.

1934

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

Do not use this space.

5524

1. PLACE OF DEATH

County Lafayette — Registration District No. 461 — File No. 15

Township Lafayette — Primary Registration District No. 3024 — Registered No.

City Lexington Mo (No. ..... St. ..... Ward)

2. FULL NAME George Edward Mabery

(a) Residence, No. 138 North 11th St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. 6 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1912

7. AGE: YEARS 21 — MONTHS 6 — DAYS 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Labor

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) Feb 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME Alexander Mabery

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

MOTHER

15. MAIDEN NAME Daisy Blackwell

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

17. INFORMANT (ADDRESS) Edith Mae Finch 138 North 11th Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Grove DATE Feb 15 1934

19. UNDERTAKER (ADDRESS) Bailey & Groves 116 So 9th St Lexington Mo.

20. FILED Feb. 15, 1934 Faye Brell Bates Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1934, to Feb. 11, 1934.

I last saw him alive on 2-11, 1934. Death is said to have occurred on the date stated above, at 7½ p.m.

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

Lobar Pneumonia — Date of onset

108

69B

Other contributory causes of importance:

Toxemia

108

Name of operation ..... Date of .....

What test confirmed diagnosis? cl 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) James E. Politz M. D.

(Address) 120 N. 12th St. Lexington Mo.