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.

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APR 25 1934

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

Do not use this space.

9784

1. PLACE OF DEATH
County Montgomery — Registration District No. 592 — File No.
Township ~~Prairie~~ Montgomery — Primary Registration District No. 5790 — Registered No. 9
City ~~Montgomery~~ (No. , St. Ward)

2. FULL NAME Grover B. Mabry
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode) Life
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: 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: Married Cornelia Mabry
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 24 th 1892
7. AGE: YEARS 41 — MONTHS 8 — DAYS 9 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Near Montgomery Mo

FATHER
13. NAME: Cornelieus Mabry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pike Co Mo

MOTHER
15. MAIDEN NAME: Mittie Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Olney Mo

17. INFORMANT (ADDRESS): Mrs Cornelia Mabry Montgomery City Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Worland DATE 2/5/34 19
19. UNDERTAKER (ADDRESS): C. W. Hopkins Montgomery City Mo
20. FILED March 5 1934 Bruce Wenger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 8.30 a.m.
The principal cause of death and related causes of importance were as follows: Date of onset
I investigated the cause of death, and found that death was caused by strangulation by hanging with a rope, and that there was no evidence of foul play or any suspicious circumstances.
(Suicidal Death)
Other contributory causes of importance:
Death occured March 3rd, 1934.
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Name of operation 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? Suicide Date of injury 3/3 1934
Where did injury occur? Near Montgomery City (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Hanging
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) E. W. Tinsley Coroner ~~M. D.~~
(Address) County Health Officer Montgomery County, Mo.