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.

AUG 15 1934

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

Do not use this space. 17614-M

1. PLACE OF DEATH
County Pemiscot
Township Little Pond
City Steele Mo (No. ..... St. ..... Ward)
Registration District No. 651
Primary Registration District No. 6862
File No. .....
Registered No. 90

2. FULL NAME Buford H McNabb.
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 2 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) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-22-1921
7. AGE YEARS 12 MONTHS 6 DAYS 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
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) Brookland Ark

FATHER
13. NAME G. L. McNabb.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kinkston Texas

MOTHER
15. MAIDEN NAME Clarl Adams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookland Ark

17. INFORMANT (ADDRESS) G. L. McNabb Steele Mo
18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Pinelog Cem DATE 5-15 1934
19. UNDERTAKER (ADDRESS) German Undt Co Steele Mo
20. FILED July 14 1934 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-14-, 1934
22. I HEREBY CERTIFY, That I attended deceased from 5/10/34, 19.., to 5/14/34, 19..
I last saw him alive on 5/14/34, 19.. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:
Colitis
120
120
Date of onset
Other contributory causes of importance:
Name of operation X Date of X
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? 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?
If so, specify
(Signed) [signature], M. D.
(Address) Steele Mo.