

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.

SEP 13 1934

UNITED STATES BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Lewis
 Township Union
 City La Grange (No. _____)

Registration District No.

Primary Registration District No.

480
4289

File No.

29941

Registered No.

17

St.

Ward)

2. FULL NAME Roberts Earl Abell

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

Male

4. COLOR OR RACE

White

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)

Sep. 1st 1923

7. AGE

YEARS

10

MONTHS

11

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.

At Home

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)

La Grange, Missouri

FATHER

13. NAME

George Abell

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

Durham, Missouri

MOTHER

15. MAIDEN NAME

Josephine Graham

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

Maysville, Missouri

17. INFORMANT (ADDRESS)

George Abell, La Grange, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

La Grange

DATE

Aug. 11th, 1934

19. UNDERTAKER (ADDRESS)

A. A. Roberts, La Grange, Mo.

20. FILED

Aug 11 1934

B. A. Roberts

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Aug 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from

July 25th, 1934, to Aug 10, 1934

I last saw him alive on Aug 10, 1934. Death is said

to have occurred on the date stated above, at 3:30 a.m.

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

Cerebral meningitis

Date of onset

Other contributory causes of importance:

Constitutional heart condition, failure of the coronary vessels

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? _____ 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 _____

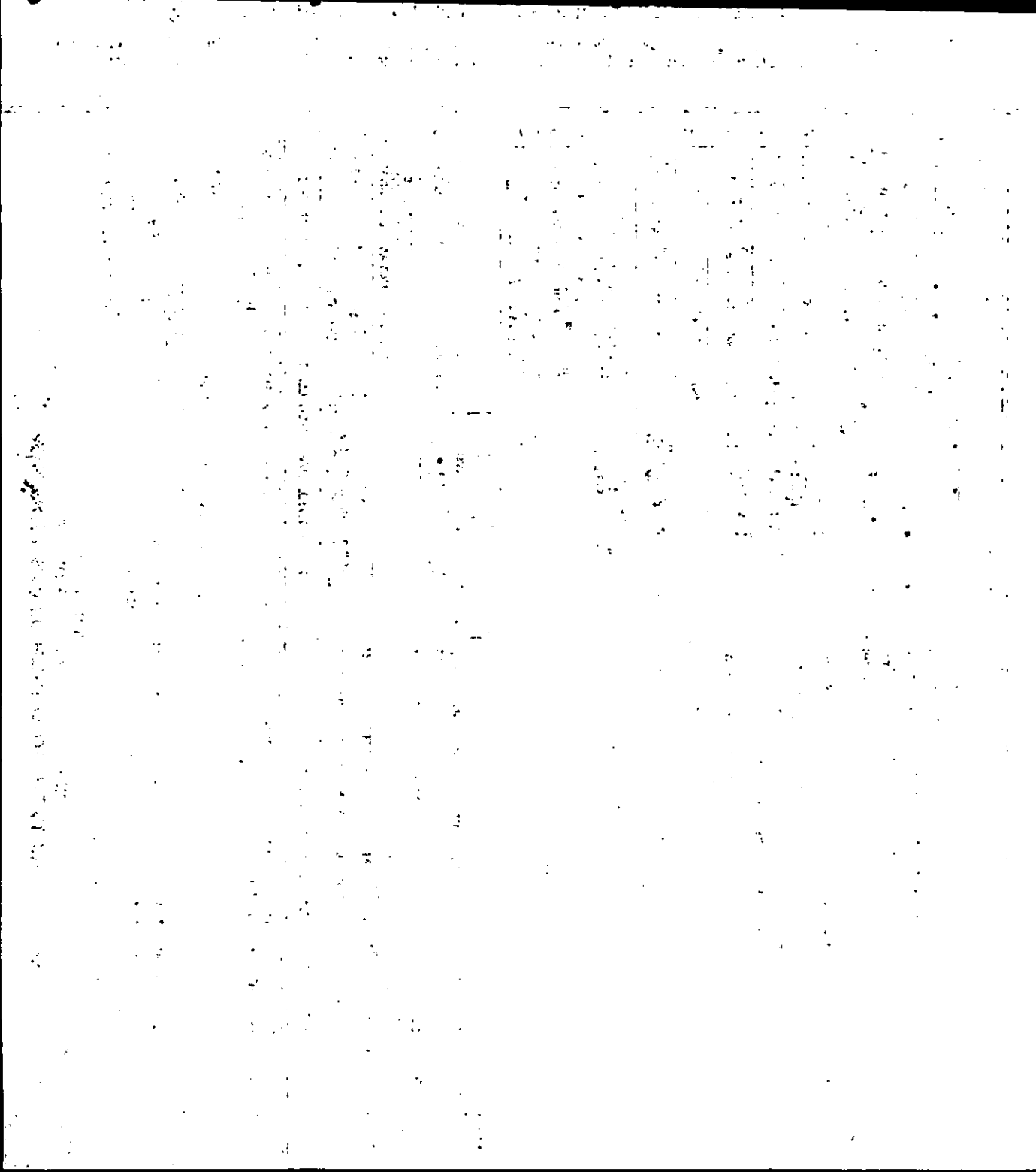
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Dr. L. L. Carr, M. D.

(Address) La Grange, Mo.



#2 *Lewis*

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

17

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Roberts Earl Abell
Who died at _____ on Aug - 10 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 10 Months 11 Days 9

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) Cerebral meningitis
Birthplace of father (State or country) This was not
Birthplace of mother (State or country) epidemic
Principal cause of death: _____

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____

Address of physician _____
(Signature of Registrar) E. T. McGaugh Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 480

Very truly yours,

Primary Reg. Dist. No. 4289Special Agent. *15*

State Registrar

TO: DIRECTOR, FBI
FROM: SAC, NEW YORK
SUBJECT: [Illegible]

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

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