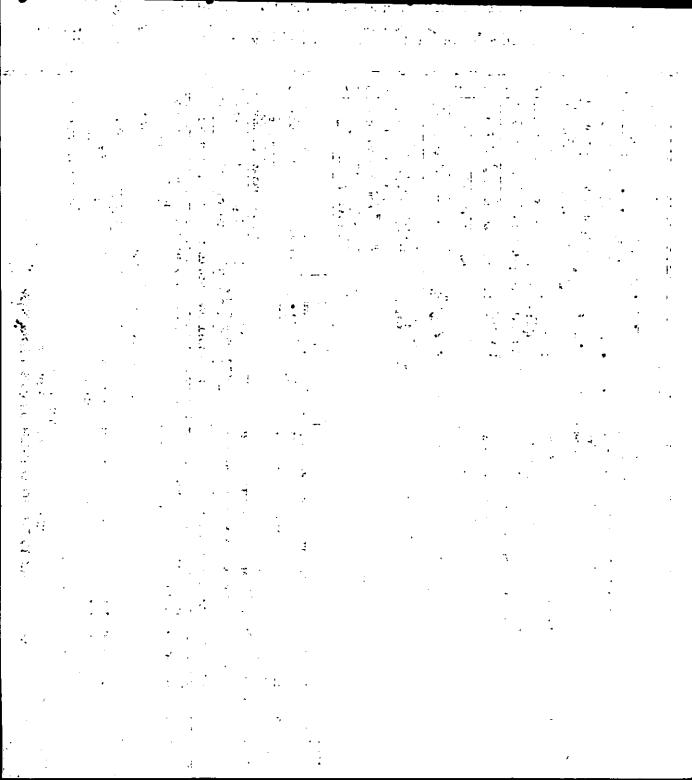
City La Grange (No. 2. FULL NAME Roberts Earl Abell (a) Readenee, No. St. Ward. (Unusuplate of aboda) Length of readenees in city or town where death occurred yrs. mos. PERSONAL AND STATISTICAL PARTICULARS 3. SEX		/\ m = - 1	BUREAU OF \	BOARD OF HEALTH VITAL STATISTICS ATE OF DEATH	Do not use this space.
2. FULL NAME Roberts Earl Abell (a) Residence, No. (b) Residence, No. (c) Clean place of abods) Length of residence to city or town and State PERSONAL AND STATISTICAL PARTICULARS DEFECTION OF RACE 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED DIVORCED (write the word) 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Single 3. AGE 7. A	County Lev	wis kon-	Primary Registrati	on District No. 4289	Registered No. 17
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SIngle 5. IF MARRIED, WIDOWED, OR DIVORCED (NOW WIPE OF CONTRY) SIngle 5. ALTE OF BIRTH (MONTH, DAY, AND YEAR) SOP-18t 1923 7. AGE YEARS MONTHS DAYS If LESS than 1 day, brace Language Language	2. FULL NAME	voof abode)	s	Ward. (If no	nresident, give city or town and State)
Male White Single 5A. IF MARRIED, WIDOWED, OR DIVORCED HUBBAND (OR) WIFE OF (OR) WIFE OR (OR) WIFE OF (OR) W	PERSONAL AN	ND STATISTICAL PART	CULARS	MEDICAL CERT	IFICATE OF DEATH
6. DATE OF BIRTH (MONTH. DAY. AND YEAR) Sepelst 1923 7. AGE YEARS MOTHS DAYS If LESS than 1 day. brs. 10 line of years will be a spent in this occupation (month and year) spent in this occupation (month and year) spent in this occupation (month and year) line deceased last worked at this occupation (month and year) line deceased last worked at this occupation (month and year) line deceased last worked at this occupation (month and year) line deceased last worked at this occupation (month and year) line deceased last worked at this occupation (month and year) line deceased last worked at this occupation (month and year) line deceased last worked at this occupation (month and year) line deceased last worked at this occupation (month and year) line deceased last worked at this occupation (month and year) line deceased last worked at this occupation (month and year) line deceased last worked at this occupation (month and year) line deceased last worked at this occupation (month and year) line deceased last worked at this occupation (month and year) line deceased last worked at this occupation (month and year) line deceased last worked at this occupation (month and year) line deceased last worked at this occupation (month and year) line deceased last worked at this occupation (month and year) line deceased last worked at this occupation line line line line line line line lin	1	DIYORCED (wi	ite the word)	22.0 I HEREBY CERT	IFY, That A attended deceased from
7. AGE YEARS MONTHS DAYS If LESS than day, brain day, b	HUSBAND OF (OR) WIFE OF			July 2 5 72, 193	4, to Med 10 , 19.3
8. Trade, profession, or particular kind of work done, as signiner, savyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, seaw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (CITY OR TOWN) 13. NAME George Abell 14. BIRTHPLACE (CITY OR TOWN) 15. BIRTHPLACE (CITY OR TOWN) 16. BIRTHPLACE (CITY OR TOWN) 17. INFORMANT GEORGE 18. BIRTHPLACE (CITY OR TOWN) 19. UNDERTAKER A A ROBERTS 19. UNDERTAKER A A ROBERTS 19. UNDERTAKER A A ROBERTS La Grange Mo. 19. UNDERTAKER (Signed) 19. UNDERTAKER A A ROBERTS La Grange Mo. (Signed) 19. UNDERTAKER A A ROBERTS La Grange Mo. (Signed) 19. UNDERTAKER A A ROBERTS La Grange Mo. (Signed) (Signed) A COLUMN (Signed)				to have occurred on the date stated.	spove, at J. J. Am.
8. Trade, profession, or particular kind of work done, as signiner, saver, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. writed at this occupation (month and year) 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) 12. BIRTHPLACE (CITY OR YOWN) La Grange (STATE OR COUNTRY) 13. NAME GEORGE Abell 14. BIRTHPLACE (CITY OR TOWN) Durham 15. MAIDEN NAME JOSEPhine Graham 16. SIRTHPLACE (CITY OR TOWN) MISSOURI 17. INFORMANT GEORGE Abell 18. BIRTHPLACE (CITY OR TOWN) Maysville 19. UNDERTAKER A A ROBERTS 19. UNDERTAKER A SPENDER ARE A ROBERTS 19. UNDERTAKER A SPENDER ARE A ROBERTS 19. UNDERTAKER			day,hrs.	1 6	Date of one
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13. NAME George Abell 14. BIRTHPLACE (CITY OR TOWN) 15. MAIDEN NAME JOSEPHINE Graham 16. BIRTHPLACE (CITY OR TOWN) 17. INFORMANT GEORGE Abell (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL PLACE La Grange DATE Aug. 11 th; 19. UNDERTAKER A.A.Roberts (ADDRESS) 19. UNDERTAKER A.A.Roberts (Signed) 10. Name of operation What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? 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 Nature of injury 19. UNDERTAKER A.A.Roberts (Signed) (Signed)	12. BIRTHPLACE (CITY OR Y (STATE OR COUNTRY)	rown) La Grange	lr1	imartin	farlus &
15. MAIDEN NAME JOSEPHINE GRAHAM 16. BIRTHPLACE (CITY OR TOWN) Maysville (STATE OR COUNTRY) Missouri 17. INFORMANT GEORGE Abell (ADDRESS) La Grange Mo. 18. BURIAL, CREMATION, OR REMOVAL PLACE La Grange DATE Aug. 11th; 19. UNDERTAKER A.A. Roberts (ADDRESS) La Grange Mo. 19. UNDERTAKER M.A. Roberts (Signed) Maysverial causibly ideaction, fill in also the following Accident, suicide, or homicide? 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 highery 19. UNDERTAKER M.A. Roberts (Signed) Maysverial causibly ideaction, fill in also the following Accident, suicide, or homicide? Where did injury occur? Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. 19. UNDERTAKER M.A. Roberts (Signed) Maysverial Recognition of deceased?		orge Abell Durham		Name of operation	p
17. INFORMANT GEORGE Abell (ADDRESS) La Grange Mo. 18. BURIAL, CREMATION, OR REMOVAL PLACE LA Grange DATE Aug.11th; 19. UNDERTAKER A.A. Roberts (ADDRESS) La Grange Mo. 19. UNDERTAKER A.A. Roberts (ADDRESS) La Grange Mo. 19. UNDERTAKER A.A. Roberts (ADDRESS) La Grange Mo. (Signed) A. Manner of injury occurred in industry, in home, or in public place. Manner of injury Nature of injury Natur	15. MAIDEN NAME	Josephine Grah	iam Le	Accident, suicide, or homicide?	Date of injury, 19, 19
PLACE La Grange DATE Aug. 11 th; 34. Was disease or injury in any way related to occupation of deceased? # 19. UNDERTAKER A.A. Roberts (ADDRESS) La Grange MO. (Signed) (Signed)	17. INFORMANT	orge Abell La Grange, Mo)- <u>-</u>	Manner of injury	
20 SUSTINGII 138 Bleen (Address) La 9 russac alla	PLACE LA GI	range <u>oute Al</u> A.Roberts	ig.11th	24. Was disease or injury in any way If so, specify	related to occupation of deceased?
Registrar.	20. FILED	INF BELL	Registrar	<i>بنگ دی</i> ۔ ا	sunge illo



Primary Reg. Dist. 40.4289

Dear Sir:

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

It is essential that death certificates be complete in every particular in or-

E. T. McGaugh, M. D., Special Agent, Jefferson City, Mo. 17

WASHINGTON

der that proper classification may be made every effort to obtain the following inform from the death certificate.	e. You are therefore requested to make mation, indicated by check marks, lacking
Name: Roberto Earl Ob Who died at Residence: No	ell
· Who died at	on $uuq - 10 - 1752$
Residence: No	St
Length of residence in city or	(If nonresident, city or town)
town where death occurred: Years	MonthsDays
Sex M Color or race W. Single,	married, widowed or divorced:
Date of birthAge:	Years / O Months // Days 9
Occupation: (a) Trade, profession, or	(b) Industry or business in which
particular kind of work done, as spinner,	WOIR WAS COME, AS SIIR MIII,
sawyer, bookkeeper, etc.	saw mill, bank, etc.
Date deceased last worked at this occupation	on: MonthYear
Date deceased last worked at this occupation Birthplace (State or country)	robras meningelis.
Righthologe of sather (State or country)	
Birthplace of father (State or country)	tie was real
Birthbrace of mother (state or Monntry)	MA I TO TO TO THE TOTAL OF THE
	- <i>I</i> - A
Principal cause of death:	Liberit .
Principal cause of death:	fidemic,
Principal cause of death:	
Principal cause of death:	
Other contributory causes of importance Name of operation Date of	of
Other contributory causes of importance Name of operation What test confirmed diagnosis?	ofWas there an autopsy?
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Special Agent.

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