

SEP 27 1934

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

Do not use this space.

30226

1. PLACE OF DEATH

County Newton Registration District No. 611
Township Seneca Primary Registration District No. 4345
City Seneca (No. _____) St. _____ Ward _____

File No. _____
Registered No. 38

2. FULL NAME

Haney Emma Mabery
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John W. Mabery</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 22 1873</u>		
7. AGE YEARS <u>61</u>	MONTHS <u>4</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>		
10. Date deceased last worked at this occupation (month and year) <u>-</u>		
11. Total time (years) spent in this occupation <u>-</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>		
13. NAME <u>David W. Norman</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>		
15. MAIDEN NAME <u>Gay</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
17. INFORMANT (ADDRESS) <u>J. W. Mabery Seneca Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Seneca</u> DATE <u>8-14</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>J. W. Buzard Seneca Mo.</u>		
20. FILED <u>Sept 4</u> 19 <u>34</u> <u>Mule Sparlin</u> Registrar.		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1934 to Aug 14 1934
I last saw him live on Aug 14 1934 Death is said to have occurred on the date stated above, at 2:40 am.
The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy
1874
Other contributory causes of importance:
Stroke

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? no
If so, specify _____ (Signed) J. W. Buzard M. D.
(Address) Seneca, Mo.

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.

6-27-34

225

22

21

