OCT 8 1934

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

Do not use this space.

File No. 33151

Registered No.

49 1. PLACE OF DEATH
County Jasper
Township Union
City Carthage (No. , St. Ward)

Registration District No. 408
Primary Registration District No. 5564

2. FULL NAME Dwight Thomas Abram

(a) Residence, No. Route #3 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Child

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 2 1933

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
1	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

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) Jasper County Mo.

FATHER

13. NAME Claude A. Abram

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton Co. Mo.

MOTHER

15. MAIDEN NAME Hazel Hart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper Co. Mo

17. INFORMANT (ADDRESS) Claude Abram

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Dudman DATE Sept 26 1934

19. UNDERTAKER (ADDRESS) Elmer - Drake Carthage Mo.

20. FILED Sept 26 1934 S. B. Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 24. 1934

22. I HEREBY CERTIFY, That I attended deceased from Sep 19, 1934, to Sep 24, 1934

I last saw h— alive on Sep 24, 1934 Death is said to have occurred on the date stated above, at 1.20 p.m.

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

Entero-Colitis — Date of onset 9/14/34

Other contributory causes of importance:

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) O. L. Condonmer, M. D.
(Address) Carthage Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD