

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

Do not use this space.

MAR 1 1935

6655

**1. PLACE OF DEATH**

County St. Francois  
Township Flat River  
City Flat River (No. .... St. .... Ward)

Registration District No. 774  
Primary Registration District No. 4465

File No. 167  
Registered No. ....

**2. FULL NAME** Kenneth Herald Mebel

(a) Residence, No. .... St. .... Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1/21 1935</u>		
7. AGE YEARS <u>0</u>	MONTHS <u>0</u>	DAYS <u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>L</u>		If LESS than 1 day, ..... hrs. or ..... min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>L</u>		11. Total time (years) spent in this occupation.....
10. Date deceased last worked at this occupation (month and year).....		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Flat River Mo</u>		
13. NAME <u>Carl Mebel</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
15. MAIDEN NAME <u>Nada Williams</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sligo Mo</u>		
17. INFORMANT <u>Carl Mebel</u> (ADDRESS) <u>Flat River Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Frank Cemetery</u> DATE <u>2-2</u> 19 <u>35</u>		
19. UNDERTAKER <u>Caldwell Bros</u> (ADDRESS) <u>Flat River Mo</u>		
20. FILED <u>2-6</u> 19 <u>35</u> <u>C B Farrow</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/1 1935  
22. I HEREBY CERTIFY, That I attended deceased from 1/21 1935 to 2/1 1935.  
I last saw him alive on 1/31 1935. 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:

Other contributory causes of importance:  
12  
13  
Name of operation..... Date of.....  
What test confirmed diagnosis? chest x Was there an autopsy? no

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) W. B. D... .., M. D.  
(Address) Desloge 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.

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