

MAY 29 1935

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

Do not use this space.

13493

1. PLACE OF DEATH

County Linn Registration District No. 504
Township South Benton Primary Registration District No. 4207
City (No. St. Ward)

File No.

Registered No. 4

2. FULL NAME

Carolyn Gabriel

(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 Female 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 XXXXXXXXXXXXXXXXXXXXXX

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1st 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 1 27

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) Purdin Missouri.

13. NAME Clifford Gabriel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Junction Iowa.

15. MAIDEN NAME Velma Buswell

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

17. INFORMANT (ADDRESS) Clifford Gabriel Purdin, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Purdin Cemetery DATE 4/29 1935

19. UNDERTAKER (ADDRESS) Thorne Undertaking Co. Linneus, Missouri.

20. FILED 4-29-35 U. C. Dryden, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28th 193522. I HEREBY CERTIFY, That I attended deceased from April 25, 1935, to Apr 28, 1935.I last saw him alive on April 25, 1935. Death is saidto have occurred on the date stated above, at 2:30 p. m.

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

Pneumo-pneumonia Date of onset Apr 25Other contributory causes of importance: 1/27/35
Laryngeal edema Apr 28

Name of operation Date of

What test confirmed diagnosis? 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) J. P. ..., M. D.(Address) Linneus, Mo

PERMANENT RECORD

PLAINLY, WITH UNFAL

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.

