

Jul 24 1935

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

Do not use this space.

20279

1. PLACE OF DEATH

57 County Linn  
Township Waverly  
City (No. ....) St. .... Ward .....

Registration District No. 495  
Primary Registration District No. 5659

File No. ....  
Registered No. 16 St. .... Ward .....

2. FULL NAME

Andrew Mabry

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20 - 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
55 0 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer  
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) Linn Co - Mo.

13. NAME Isaac Mabry

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

15. MAIDEN NAME Margaret Dixon

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

17. INFORMANT Emmie Mabry (ADDRESS) Salina - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE June 16 - 1935

19. UNDERTAKER Loach & Sons, Co. (ADDRESS) Salina Mo

20. FILED June 15 - 1935 - Mabry M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 - 1935

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1935, to June 14, 1935.  
I last saw him alive on June 14, 1935. Death is said to have occurred on the date stated above, at 3 P. m.  
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus

Other contributory causes of importance: Diabetic Coma

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) R. M. O'Brien, M. D.  
(Address) Salina 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.

