

SEP 25 1935

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

Do not use this space.

27364

1. PLACE OF DEATH
County Randolph Registration District No. 735
Township Moberly Primary Registration District No. 3034
City Moberly Woodland Hospital St. Salisbury Ward Mar. R. H.
2. FULL NAME Albert Andrew Abeln
(a) Residence, No. Salisbury St. Mar. R. H. Ward Mar. R. H.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 2 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) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nov-1-1935
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-1-1935
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 9 13
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) Salisbury, Mo.
13. NAME Bernard H. Abeln
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salisbury, Mo.
15. MAIDEN NAME Josephine Schuetz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salisbury, Mo.
17. INFORMANT (ADDRESS) Bernard H. Abeln
Salisbury, Mo.
18. BURIAL, CREMATION, OR REMOVAL Salisbury, Mo. DATE Aug-14-1935
19. UNDERTAKER (ADDRESS) Virginia Walker
Salisbury, Mo.
20. FILED 8/14 1935 Virginia Walker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-14-1935
22. I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1935, to Aug. 14, 1935.
I last saw him alive on Aug. 14, 1935. Death is said to have occurred on the date stated above, at 4:30 A.
The principal cause of death and related causes of importance were as follows:
Acute Tho-Cobitis Date of onset 1-mo
Other contributory causes of importance whooping cough Age 2
Name of operation chiral Date of Mo
What test confirmed diagnosis? chiral Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury No, 19
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury No
Nature of injury No
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify No
(Signed) Thos. J. Flinn, M. D.
(Address) Moberly, Mo.

