NOV 18 1935

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

Do not use this space.

31939

1. PLACE OF DEATH
County Buchanan — Registration District No. 25 — File No.
Township — Primary Registration District No. — Registered No. 1085
City St. Joseph Mo (No. 913 Douglass, St. Ward)

2. FULL NAME Clarence Mabin
(a) Residence, No. 913 Douglass St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22, 1883

7. AGE — YEARS 52 — MONTHS 7 — DAYS 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Doniphan Kansas

FATHER
13. NAME Richard Mabin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER
15. MAIDEN NAME Aula Mabin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Mrs Eula Mabin 913 Douglass St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cem DATE 10-23-35 19

19. UNDERTAKER (ADDRESS) B. F. Graves Funeral Home

20. FILED 806 South 17th 19 John R Beredes Registrar.
OCT 22 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 21, 35 19

22. I HEREBY CERTIFY, That I attended deceased from October 4, 1935, to October 21, 1935
I last saw him alive on Oct 21, 1935. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	1-22-34
Other contributory causes of importance: Chronic Pain & Nephritis	
	1-22-34

Name of operation ..... Date of .....
What test confirmed diagnosis? No. 3 for nephritis. 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. D. Sexton, M. D.
(Address) St. Joseph Mo

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

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.