

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.

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

Do not use this space.

**MAY 19 1936**

**15337**

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Township Kaw Primary Registration District No. \_\_\_\_\_  
 City Kansas City (No. 3118 Olive Street) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 2055  
 Registered No. \_\_\_\_\_

**2. FULL NAME** Samuel Dabler

(a) Residence, No. 3118 Olive Street St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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 Mrs. Dora Dabler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1868

|        |           |          |          |  |
|--------|-----------|----------|----------|--|
| 7. AGE | YEARS     | MONTHS   | DAYS     | If LESS than 1 day, _____ hrs. or _____ min. |
|        | <u>68</u> | <u>2</u> | <u>2</u> |  |

|            |   |   |
|------------|---|---|
| OCCUPATION | 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.          | <u>Farmer</u>                                   |
|            | 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) Columbus, Ohio

FATHER 13. NAME Samuel Dabler

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Don't Know

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Mrs. Dora Dabler  
3118 Olive Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Osborn, Mo. DATE Apr. 19, 1936

19. UNDERTAKER (ADDRESS) Freeman Mortuary & Chapel  
Kansas City, Missouri

20. FILED 4-19-36 M. M. Cron Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1936, to April 17, 1936  
 I last saw him alive on April 16, 1936. Death is said to have occurred on the date stated above, at 9:30 m.

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

Pneumonia  
Lobar Pneumonia  
 Date of onset April 12, 1936  
 Other contributory causes of importance: 108

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? Yes  
 If so, specify \_\_\_\_\_

(Signed) M. M. Cron, M. D.  
 (Address) 123 S. Elmwood

1119

103 W. Chestnut  
Dr. 2, W. Ross.

1-5 p.m.