

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.

JUL 20 1936

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

Do not use this space.

22542

1. PLACE OF DEATH

County GentryRegistration District No. 314Township StanberryPrimary Registration District No. 4190City Stanberry (No.)St. Ward 2. FULL NAME Wilbert Lomas Abell(a) Residence, No. Stanberry Mo. St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 3 mos.How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Wht

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Married
This B. Abell.

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

1-14-1873

7. AGE

YEARS

63

MONTHS

4

DAYS

29If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer, Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Stock raising10. Date deceased last worked at this occupation (month and year) Jan 4-193311. Total time (years) spent in this occupation 39

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St Joseph
Missouri

MOTHER FATHER

13. NAME

Homer Abell

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

Ohio

15. MAIDEN NAME

Cynthia Ann Rhudy

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

St Joseph
Missouri

17. INFORMANT (ADDRESS)

This B. Abell

18. BURIAL, CREMATION, OR REMOVAL

PLACE High RidgeDATE June 15, 1936

19. UNDERTAKER (ADDRESS)

J. E. Johnson
Stanberry Mo

20. FILED

6-15, 1936 C. J. DeMat

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

6/13, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Sept 20, 1928, to June 13, 1936.I last saw him alive on June 13, 1936. Death is saidto have occurred on the date stated above, at 8:27 P. m.

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

Coronary Endocarditis

Date of onset

Other contributory causes of importance:

Secondary PneumoniaName of operation None Date of What test confirmed diagnosis? Lab. 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? NoIf so, specify (Signed) J. E. Johnson M. D.(Address) Stanberry Mo

NOV 1 1955