

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.

AUG 18 1936

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

Do not use this space.

25942

1. PLACE OF DEATH

County Clay
Township Fishing river
City Excelsior Springs (No. _____)

Registration District No. 198
Primary Registration District No. 1011

File No. 4
Registered No. 1 St. _____ Ward _____

2. FULL NAME

Samuel William Dabner

(a) Residence, No. Excelsior 1st of. St. _____ Ward Fairbury Neb
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. / mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>—</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 4 - 1862</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>3</u>	DAYS <u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Engineer</u>		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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-23-1936

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1936, to July 23, 1936
I last saw him alive on 7-23-1936 Death is said to have occurred on the date stated above, at 2:15 p.m.
The principal cause of death and related causes of importance were as follows:
myocarditis and Hypertrophy of Heart
9371
Other contributory causes of importance: General aches
Date of onset no. not known

Name of operation: None 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 none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no.
If so, specify _____
(Signed) F. J. Clavette, M. D.
(Address) Excelsior Springs, Mo

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>
	13. NAME <u>William Dabner</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>
	15. MAIDEN NAME <u>Don't know</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>
	17. INFORMANT <u>A. J. Puckett</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fairbury Neb</u> DATE <u>July 24 1936</u>
	19. UNDERTAKER <u>Clayton P. Puckett</u> (ADDRESS) <u>Excelsior Springs, Mo</u>
20. FILED <u>7-23-1936</u> <u>Mr. R. M. Caudin</u> Registrar.	

[Handwritten scribble]