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

SEP 21 1936

Do not use this space.

30370

1. PLACE OF DEATH
County Cooper — Registration District No. 218 — File No.
Township — Primary Registration District No. 3015 — Registered No. 108
City Boonville (No. , County Home St. Ward)

2. FULL NAME John Gabriel

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Date Unknown 1860

7. AGE: YEARS 76 — MONTHS — DAYS — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Resident
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: County Home
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): Unknown

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

17. INFORMANT (ADDRESS): Mrs J. Ross Jeffress Boonville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem DATE Aug 28 1936 Cooper Co MO

19. UNDERTAKER (ADDRESS): Goodman & Boller Boonville Mo

20. FILED Aug 28, 1936 D. E. Cooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1936, to Aug 26, 1936
I last saw him alive on Aug 22, 1936. Death is said to have occurred on the date stated above, at 12 Noon m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 10 1936
[illegible]	
Other contributory causes of importance: Arteriosclerosis	about 1930

Name of operation — Date of —
What test confirmed diagnosis? clinical 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. C. Tincher, M. D.
(Address) Boonville Mo