

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.

APR 20 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

12326

1. PLACE OF DEATH

County JeffersonTownship IndependenceCity Blue Springs, Mo.Registration District No. 425Primary Registration District No. 5580(No. St. Joseph Infirmary)File No. 11Registered No. 29St. 1

Ward)

2. FULL NAME

(a) Residence, No. St. Joseph's Hill Infirmary St., Cooke, Mo. Ward.Length of residence in city or town where death occurred — yrs. 7 mos. 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		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>not known</u>		
7. AGE <u>72 (?)</u>	YEARS	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. <u>Farmer</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) <u>about 15 years ago</u>
	11. Total time (years) spent in this occupation <u>35 yrs.</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Oldenburg, Germany</u>
--	---------------------------

MOTHER	13. NAME <u>Henry Abeln</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Margaret Brand</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>

17. INFORMANT (Name and Address)	<u>(Sister) Mrs. Johanna Abeln</u> <u>Clarissone, Mo.</u>
----------------------------------	--

18. BURIAL, CREMATION, OR REMOVAL	<u>Clarissone, Mo.</u> DATE <u>April 5, 1937</u>
-----------------------------------	--

19. UNDERTAKER (Name and Address)	<u>Jos. W. Clark</u> <u>125 Hodgson Ave.</u>
-----------------------------------	---

20. FILED	<u>Apr 23 1937</u> <u>James A. Townsend</u> Registrar
-----------	---

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>Apr. 2</u> 19 <u>37</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Feb. 2</u> 19 <u>37</u> , to <u>Apr. 2</u> 19 <u>37</u>	
I last saw him alive on <u>Apr. 2</u> 19 <u>37</u> . Death is said to have occurred on the date stated above, at <u>7:30 a.m.</u>	

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

Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) Jesse S. Sargent M. D.

(Address) Blue Springs, Mo.

