

REC'D APR 7 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

9997

1. PLACE OF DEATH

4 County AndersonRegistration District No. 264 Township Salt RiverPrimary Registration District No. 30022 City Mexico Mo(No. Anderson Hospital)File No. 36 St. Ward

2. FULL NAME

Frank Anthony Abel 140(a) Residence, No. Wellsville 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 ~ yrs. ~ mos. 6 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mr. Ella M. Abel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 4 - 1889</u>		
7. AGE <u>50</u>	YEARS <u>8</u>	MONTHS <u>1</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</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	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mexico</u>

13. NAME <u>Frank Abel Sr.</u>

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>

15. MAIDEN NAME <u>Patricia R. Abel</u>
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16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>
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17. INFORMANT (ADDRESS) <u>Miss Katherine M. Abel</u>
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18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wellsville Mo</u>

19. UNDERTAKER (ADDRESS) <u>Wellsville Mo</u>
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20. FILED <u>March 5, 1938</u> <u>Blanche Neely</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-5-3822. I HEREBY CERTIFY, That I attended deceased from 7-10, 1937, to 3-5, 1938I last saw him alive on 3-5-38, 1938 Death is saidto have occurred on the date stated above, at 7:00 P m.

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

Dilatation of heartCarcinoma of Stomach unknownOther contributory causes of importance: 46 aName of operation Stomach resected Date of 3-2-38What test confirmed diagnosis? operation 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) Paul E. Coif M. D.(Address) Mexico, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

V. S. NO. 2
59M-10-22-36
I X3314

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.

