

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.

REC'D MAY 23 1938

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

15285
Do not use this space.

1. PLACE OF DEATH
 (a) County Merces Registration District No. 556
 (b) Township Morgan Primary Registration District No. 4329 Registered No. 19
 (c) City Princeton (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Madison Wilson Dabbins 153
 (a) Residence, No. Merces Co. Princeton Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26, 1916

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
22 2 14

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. truck driver
 9. Industry or business in which work was done, as 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) Princeton MO

FATHER
 13. NAME Tom Dabbins
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
 15. MAIDEN NAME Mary Hoskins
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Earl Eggleston
 (ADDRESS) Monroe

18. BURIAL, CREMATION, OR REMOVAL PLACE Princeton Mo DATE April 11 1938

19. FUNERAL DIRECTOR Noel Moss
 (ADDRESS) Princeton Mo

20. FILED 4/11 1938 J. M. Perry Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10-38 19

22. I HEREBY CERTIFY, That I attended deceased from April 10 1938 to April 10 1938
 I last saw him alive on April 10 1938 Death is said to have occurred on the date stated above, at 6:05 p.m.
 The principal cause of death and related causes of importance were as follows:

Basal skull fracture, with extensive brain contusion. Severe compound-comminuted fracture left lower arm. Contusion whole left side chest with fracture ribs from 4-8 result automobile accident. Severe shock. Never regained consciousness.

Date of onset 4-10 1 a.m.

Name of operation None Date of _____
 What test confirmed diagnosis? Phys and x-ray Autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 4-10 1938
 Where did injury occur? Merces Co. Mo. South Line
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Highway Accident.

Manner of injury Large hauling truck and small
 Nature of injury pick up-collision. Crushed

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) A. S. Bristow, M. D.
 (Address) Bristow Bldg. Princeton, Mo.

STATEMENT BY LICENSED EMBALMER

I, Neil Mass, Licensed Embalmer No. 2634

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Neil Mass

Licensed Embalmer No. 2634

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)