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

Do not use this space.

28964

File No.

Registered No.

1. PLACE OF DEATH
County Ventry
Township Bandy
City Ventry Mo (No. 4187 St. Ward)
Registration District No. 311
Primary Registration District No.

2. FULL NAME John N. Gabriel

(a) Residence, No. (Usual place of abode) St., Ward.
(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.

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.

MAY 31 1932

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. COLOR OR RACE N | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Francis Gabriel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26 - 1856

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Mo.

FATHER

13. NAME David Gabriel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Mary Carrol

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) K. P. Gabriel Marth. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenridge DATE Sept 27, 1932

19. UNDERTAKER (ADDRESS) H. Andrews Marth. Mo.

20. FILED Sept 30, 1932 Mabel Williamson Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1932, to Sept 26, 1932

I last saw h.w. alive on Sept 26, 1932. Death is said to have occurred on the date stated above, at 3:30 P. m.

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

| | Date of onset |
|---|---|
| Arteri Sclerosis | |
| 99A | 9 9 |
| 97 | |

Other contributory causes of importance: Embolism (1)

Name of operation — 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? No 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) Albert Andrews, M. D.

(Address) Marth. Mo.