

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

PLACE OF DEATH
County Montgomery
Township Lynn or Lebanon or Lynch
Village Lynch
City Lynch (NO. _____) St. _____ Ward _____
Registration District No. 931 File No. H6695-Q
Primary Registration District No. H577 Registered No. 16
FULL NAME John W. Gabriel

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OF RACE White SINGLE: MARRIED OR DIVORCED Single
(If wife the word)

DATE OF BIRTH November 18, 1889
(Month) (Day) (Year)

AGE 90 yrs. 6 mos. 3 ds. If LESS than 1 day, 11 hrs. or _____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) St. Louis, Mo.

PARENTS NAME OF FATHER Frederick Gabriel BIRTHPLACE OF FATHER (City or town, State or foreign country) U.S.A.
MAIDEN NAME OF MOTHER Alice Barry BIRTHPLACE OF MOTHER (City or town, State or foreign country) U.S.A.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo. H. Westbrook
(ADDRESS) St. Louis, Mo.

Filed May 26, 1916 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 21, 1916
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Wednesday, 1916, to May 21, 1916, that I last saw him alive on May 4, 1916, and that death occurred, on the date stated above, at O.P.M.

The CAUSE OF DEATH* was as follows:
Pulmonary tuberculosis
23A

(Duration) 2 yrs. 7 mos. 1 ds.
Contributory None
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) M. Roberts M. D.
May 23, 1916 (Address) Woodbridge, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death 5 yrs. _____ mos. _____ ds. In the State 10 yrs. 6 mos. 3 ds.
Where was disease contracted if not at place of death? X
Former or usual residence Lynch, Mo.

PLACE OF BURIAL OR REMOVAL Interment, Montgomery Co., Mo. DATE OF BURIAL May 22, 1916
UNDERTAKER T. D. Manson ADDRESS Clinton

MARGIN RESERVED FOR BINDING

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICAL CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is required.

