

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.

MAR 25 1931

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

Do not use this space.

6127

1. PLACE OF DEATH

5-4 County Lafayette
2 Township
6 City Concordia, Mo. (No.)

Registration District No. 457
Primary Registration District No. 4271

File No.
Registered No. 6
St. Ward)

2. FULL NAME Henry Rabe

(a) Residence, No. 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. 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>Doris Rabe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July-6-1851</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>6</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>		11. Total time (years) spent in this occupation.....
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).....		

12. BIRTHPLACE (CITY OR TOWN) Lafayette Co Mo
(STATE OR COUNTRY)

13. NAME Henry Rabe

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

15. MAIDEN NAME Sophia Okrusch

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

17. INFORMANT Marghilde B. Teter
(ADDRESS) Concordia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Johns Cemetery DATE Feb-7-31

19. UNDERTAKER A. J. Dugessy
(ADDRESS) Concordia Mo.

20. FILED Feb 5 1931 Perdina Shryman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-5-1931

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 1931, to Feb 5 1931.
I last saw him alive on Feb 4 1931. Death is said to have occurred on the date stated above, at 3:45 A.M.
The principal cause of death and related causes of importance were as follows:

Cancer of Pharynx
457
457
Other contributory causes of importance:

Name of operation..... no 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? No
If so, specify.....
(Signed) Perdina Shryman, M. D.
(Address) Concordia, Mo.

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