

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. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 26 1933

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

Do not use this space.

18269
61079
16269
3978

1. PLACE OF DEATH
 39 County Linn Registration District No. 318
 3 Township Waverly Primary Registration District No. 7001
 5 City Waverly No. 524 St. Waverly Ward 1

2. FULL NAME Edward Zabel
 (a) Residence Waverly St. Waverly Ward. Waverly
 (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 Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9 - 1876

7. AGE YEARS 56 MONTHS 11 DAYS 4
 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice Dealer

10. Date deceased last worked at this occupation (month and year) Jan 13 1933

11. Total time (years) spent in this occupation 57

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waverly, Mo

13. NAME Edward Zabel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waverly, Mo

15. MAIDEN NAME Edwards

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waverly, Mo

17. INFORMANT Harriet Stagg
 (ADDRESS) Waverly, Mo

18. BURIAL, CREMATION OR REMOVAL Waverly, Mo
 PLACE Waverly DATE May 15 1933

19. UNDERTAKER Waverly, Mo
 (ADDRESS) Waverly, Mo

20. FILED 5-15-1933
Ralph Sargent
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/13 1933

22. I HEREBY CERTIFY, THAT I attended deceased from 40 5 years, to 5-13-33 1933
 I last saw him alive on 5-13 1933 Death is said to have occurred on the date stated above, at 6:20 p.m.
 The principal cause of death and related causes of importance were as follows:
Hypertrophy Prostate
Senility
Arteriosclerosis
 Other contributory causes of importance:
Broken hip 4 or 5 years
occurring from fall in street
in front of his home, fell off of curb

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury None, 1933
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify None

(Signed) Harriet Stagg, M. D.
 (Address) Waverly, Mo

