

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

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104
28 1933

PLACE OF DEATH Wright
County _____
Township Mt. Grove
City _____ (No. _____) Ward _____

Registration District No. 908
Primary Registration District No. 6222

File No. _____
Registered No. 59

2. FULL NAME Marion W. Absler
(a) Residence, No. Wright, Mo. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Edith Absler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1, 1933
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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.

13. NAME Lease Absler

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

15. MAIDEN NAME Nancy Hellman

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

17. INFORMANT Roy Absler
(ADDRESS) Mt. Grove

18. BURIAL, CREMATION, OR REMOVAL PLACE Thomas DATE Oct-8-1933

19. UNDERTAKER None
(ADDRESS)

20. FILED 12-15-33 Bessie McKinney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7, 1933
22. I HEREBY CERTIFY, that I attended deceased from Oct 7, 1933, to Oct 7, 1933
I last saw him alive on Oct 7, 1933. Death is said to have occurred on the date stated above, at 1:30 A.M.
The principal cause of death and related causes of importance were as follows:

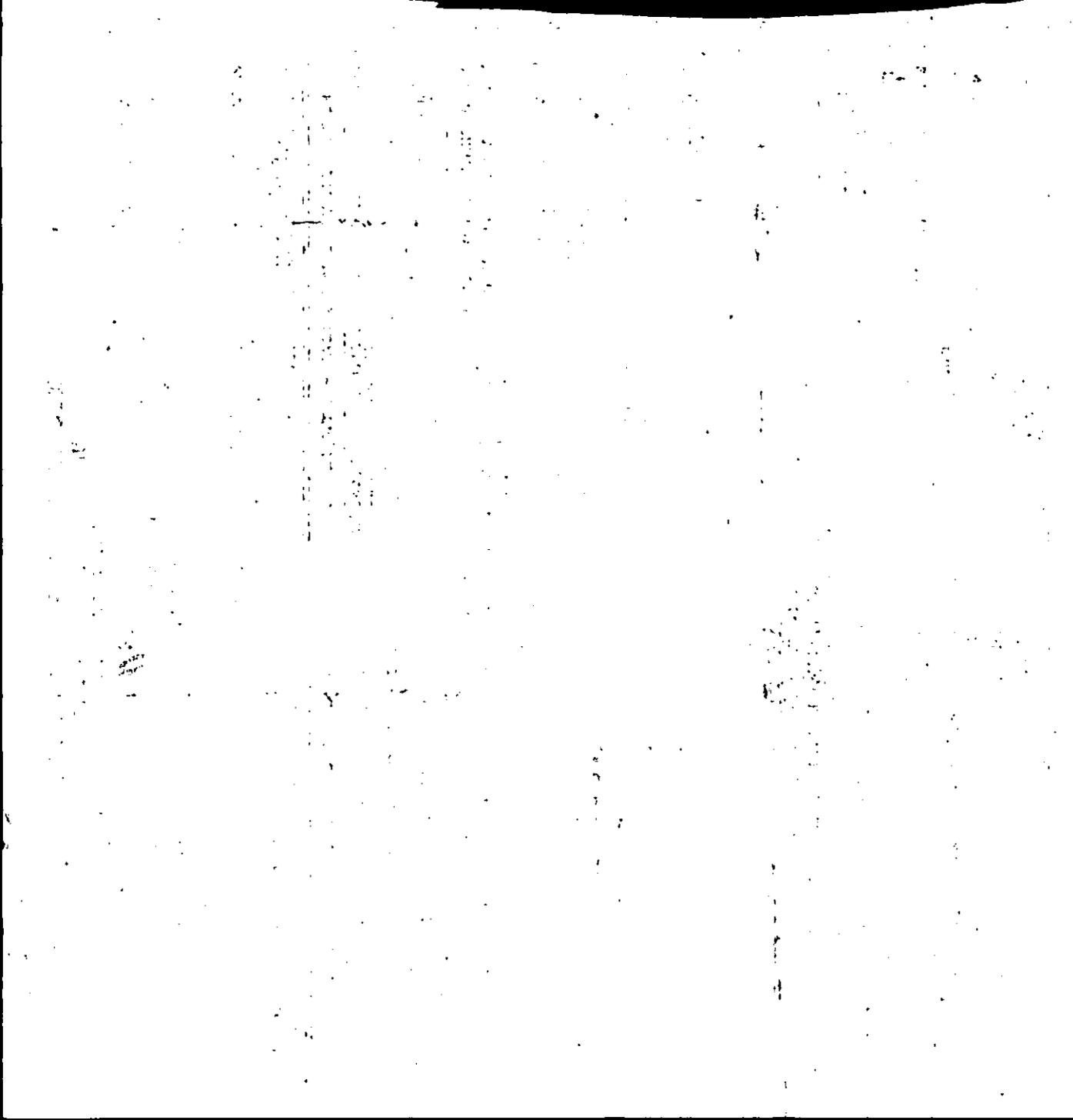
Hemorrhage
82A
Other contributory causes of importance _____
Date of onset _____

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? _____ 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) _____, M. D.
(Address) _____



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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Atchison Registration District No. 908
 Township North Grove Primary Registration District No. 6222
 City (No. _____) _____ (St. _____ Ward _____)

2. FULL NAME

(Marion W. Absheer)
 (a) Residence, No. Mountain View, Mo. 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

OCCUPATION	3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u> (write the word)
	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edith Absheer</u>		
MOTHER	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct-1-1867</u>		
	7. AGE	YEARS <u>66</u>	MONTHS <u>6</u>
		DAYS <u>6</u>	IF LESS than 1 day, _____ hrs. or _____ min.
FATHER	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
MOTHER	10. Date deceased last worked at this occupation (month and year)		
	11. Total time (years) spent in this occupation		
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
	13. NAME <u>Isaac Absheer</u>		
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
	15. MAIDEN NAME <u>Nancy Bellums</u>		
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
	17. INFORMANT (ADDRESS) <u>Ray Absheer, 17th St., Mo.</u>		
MOTHER	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jerusalem</u> DATE <u>Oct-8-1933</u>		
	19. UNDERTAKER (ADDRESS) <u>Service Mortuary</u>		
20. FILED _____ 19 <u>1</u> <u>Service Mortuary</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7, 1933

22. I HEREBY CERTIFY that I attended deceased from Oct-1-1933 to Oct-7-1933
 I last saw him live on Oct-1-1933 Death is said to have occurred on the date stated above, at 12:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Heart trouble of long standing
Brain
82

Other contributory causes of importance: _____

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? _____ 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 P. J. Dunning, M. D.
 (Signed) W. J. Dunning
 (Address) Northwood, Mo.

REGISTRATION REPORTS UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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