

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.

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

Do not use this space.

SEP 16 1935

791
1003

28113

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No.....
Primary Registration District No. Barnes Hosp
(No.)

File No.....
Registered No. 7237
St. Ward)

2. FULL NAME

Henry Ernest Naber

(a) Residence, No. St. N.R. Ward. St. Peter, Ill

(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 (write the word) *Married*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF *Emma Naber*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 17th 1876*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 0 7

OCCUPATION
8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. *Farm*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Farm*
10. Date deceased last worked at this occupation (month and year) *May 1, 1935* 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Fayette Co., Illinois*

FATHER
13. NAME *Henry Naber*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

MOTHER
15. MAIDEN NAME *unknown*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

17. INFORMANT (ADDRESS) *Forrest Naber St. Peter, Ill*

18. BURIAL, CREMATION OR REMOVAL PLACE *St Paul chh* DATE *Aug 26th 1935*

19. UNDERTAKER (ADDRESS) *Foster & Tracy St. Peter, Ill*

20. FILED *DUG 27 1935* *JT Bredeck Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8-24 1935*

22. I HEREBY CERTIFY, That I attended deceased from *8-22 1935* to *8-24 1935*
I last saw him alive on *8-24 1935* Death is said

to have occurred on the date stated above, at *5:30 p.m.*
The principal cause of death and related causes of importance were as follows:

Coronary occlusion Date of onset *8/27/35*

Other contributory causes of importance: *45*

Carcinoma of jaw

Name of operation *Excision of jaw* of *7/19/35*
What test confirmed diagnosis? *Yes* 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?.....
specify.....

(Signed) *L. H. Richardson M.D.*
(Address) *Barnes Hosp.*

