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 24 1936

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

Do not use this space.

7054

1. PLACE OF DEATH
County Osage
Township Jefferson
City (No. , St. Ward)

Registration District No. 643
Primary Registration District No. 5852

File No.
Registered No.

2. FULL NAME Wm Theodore Abel

(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy Abel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11-24-47

7. AGE YEARS 88 MONTHS 2 DAYS 15 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Shoals Ind

FATHER
13. NAME Joseph Abel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER
15. MAIDEN NAME Sarah McNamara
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shoals Ind

17. INFORMANT (ADDRESS) Jos. Abel Col. Dorado Kans

18. BURIAL, CREMATION, OR REMOVAL
PLACE Liberty DATE 2-11 1936

19. UNDERTAKER (ADDRESS) S. G. Licklider

20. FILED Feb 29, 1936 Mrs Genova Johnson Bille Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1936, to 2-9, 1938

I last saw him alive on 2-9, 1936 Death is said to have occurred on the date stated above, at 3P m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia

Date of onset

Other contributory causes of importance: 107 ac

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) C A Bunge, M. D.

(Address) Bland Mo