SEP 15 1937

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

Do not use this space.

File No. 30333
Registered No. 262

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 125
Township Cape Girardeau — Primary Registration District No. 3009
City Cape Girardeau (No. ..... St. ..... Ward)

2. FULL NAME Richard Johnson Dabbs

(a) Residence, No. South Spring St., 104 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: 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~~ Mrs. Emma F Dabbs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-24-1868

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
67	10	30	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
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) Christian County Ky.

FATHER
13. NAME Nathaniel Dabbs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis County Tennessee

MOTHER
15. MAIDEN NAME Margaret Turnbow
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis County Tenn.

17. INFORMANT (ADDRESS) Rieth-Hollenbeck Cape Girardeau, Mo

18. BURIAL, CREMATION, OR ~~REMOVAL~~
PLACE Memorial Park Cem DATE August 26, 1937

19. UNDERTAKER (ADDRESS) Walther's Funeral Home Cape Girardeau Mo.

20. FILED 8-24 1937 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1937, to Aug 24 1937, 1937
I last saw him alive on Aug 24 1937. Death is said to have occurred on the date stated above, at 6:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8-15-37

Other contributory causes of importance:

Lobar pneumonia	Aug 22

Name of operation none 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) Shelby Leggett, M. D.
(Address) Cape Girardeau Mo

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.