

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

Do not use this space.

15478

1. PLACE OF DEATH

County Newton
Township Union
City (No.) St. Ward

Registration District No. 615
Primary Registration District No. 5817

File No.
Registered No. 2
St. Ward

2. FULL NAME

George L. Dabbs
(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 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Emma Dabbs</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 10, 1886</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>11</u>
	DAY <u>4</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farming</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton Mo.

10. NAME OF FATHER John Dabbs

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Union Mo.

12. MAIDEN NAME OF MOTHER Esther Harrison (Address) Diamond Mo.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address) E. L. Dabbs
Grandson

15. FILE NO. 4-140-29 REGISTRAR W. H. Shipman

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 14, 1929

17. I HEREBY CERTIFY, That I attended deceased from April 4, 1929 to April 14, 1929 that I last saw him live on April 4, 1929 and that death occurred, on the date stated above, at 4:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A
11A (duration) 10 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Influenza (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
(Signed) W. H. Shipman, M. D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Lewis Cemetery Apr 15, 1929

20. UNDERTAKER ADDRESS
J. J. Nutman Newby, Mo.

WRITE MAINLY, 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.

25 1929

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