

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 791 File No. 32569
 Township St. Louis Primary Registration District No. 1008 Registered No. 9380
 City St. Louis (No. 1008) (Ward)

2. FULL NAME

(a) Residence. No. 4462 Lee St. 10 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

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 W
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 8 - 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 3 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Motor man
 (b) General nature of industry, business, or establishment in which employed (or employer) Public Service
 (c) Name of employer W. F. Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Harrisburg Pa

10. NAME OF FATHER Nathanial Dabbs

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
Lepp Pa

12. MAIDEN NAME OF MOTHER Margaret Turnbow

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

14. INFORMANT (Address) Edward Dabbs 4462 Lee Ave

15. FILED SEP - 6 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 3 1931

I HEREBY CERTIFY, That I attended deceased from Aug 20, 1931 to Sept 3, 1931, that I last saw him alive on Sept 3, 1931, and that death occurred, on the date stated above, at 3:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

malignant growth Lung (Sept)

(duration) 2 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) 470
 (duration) 0 yrs. 0 mos. 0 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? Gray
 (Signed) Arthur S. Suddeth, M. D.

9/5, 1931 (Address) 2202 University St

*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
Fort Hill (Sept) 1931

20. UNDERTAKER St. Stuart Union B. ADDRESS 1225

WRITE PLAINLY, 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.

W. H. ...
22 University

12 - 2 P

Try 1834