

JUL 26 1935

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

Do not use this space.

20789

1. PLACE OF DEATH

County Ray
Township Amoretta
City Amoretta

Registration District No. 744
Primary Registration District No. 3035
(No. 5976B)

File No. _____
Registered No. 60
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. _____
(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. (If nonresident, give city or town and State)

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 Ezra Abbott.
(OR WIFE OF)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-25-1898
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 0 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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 40yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Ill.
13. NAME Wiley Abbott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Ill.
15. MAIDEN NAME Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Ill.

17. INFORMANT, (NAME AND ADDRESS) Albert W. Abbott Lexington Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE, DATE Richmond Mo June 25 1935
19. UNDERTAKER (NAME AND ADDRESS) P. P. Boggs Paducah Mo.
20. FILED 7-9 1935 E E Gay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23 1935
22. I HEREBY CERTIFY, That I attended deceased from April 1930 to June 23 1935
I last saw him alive on June 23 1935 Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Pulmonary Tuberculosis
Date of onset _____
Other contributory causes of importance _____

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) D. G. Smith M. D.
(Address) Amoretta 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.

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