JUL 27 1927

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

Do not use this space.

18598

File No.

Registered No. 316

1. PLACE OF DEATH

County Jasper Registration District No. 4th Ward

Township Center Primary Registration District No. 2nd Ward

City Joplin (No. 2119 St. Ward)

2. FULL NAME John Fillmore Abbott.

(a) Residence. No. (Usual place of abode) St., Ward. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M.	W.	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 13, 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
	72	8	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer) druggist

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo.

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Elisha Abbott.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Martha Crane.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri

(STATE OR COUNTRY)

14. INFORMANT Lucy Abbott

(Address) Joplin Mo

15. FILED 7/28, 1927 A. B. Leland REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/28 1927

17. I HEREBY CERTIFY, That I attended deceased from June 24 1927, to June 25 1927, that I last saw h[illegible] alive on June 25 1927, and that death occurred, on the date stated above, at 12-01 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic interstitial

Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) [illegible]

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED [illegible]

IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. W. Dawson, M. D.

6-28, 1927 (Address) Joplin Mo

*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 Fairplay Mo

DATE OF BURIAL 6/28 1927

20. UNDERTAKER Hamblin Mud Co

ADDRESS Joplin 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.

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD