

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

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27960

1. PLACE OF DEATH

County *Peru* Registration District No. *65-1*
Township *Little Prairie* Primary Registration District No. *3-862*
City *Peru*

File No.
Registered No. *129*
St. Ward

2. FULL NAME

(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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Single*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF *✓*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *10-18-1904*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 11 18

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Farming*
(b) General nature of industry, business, or establishment in which employed (or employee)
(c) Name of employer

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

10. NAME OF FATHER *Dave Abbott*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Ill*
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Ada B. Marrett*

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

14. INFORMANT *Carl Abbott*
(Address) *Canthussville*

15. FILED *Oct 27 1927* *Ada Martin*
REGISTERED

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *9-28 1927*

17. I HEREBY CERTIFY, That I attended deceased from *Sept. 23* 19*27* to *Sept. 28* 19*27*
that I last saw him alive on *Sept. 23* 19*27*, and that death occurred, on the date stated above, at *3-30 A* m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Encephalitis
7013 7813
(duration) yrs. mos. da. *7*

CONTRIBUTORY (SECONDARY) *undetermined*
(duration) yrs. mos. da.

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? *clinical*

(Signed) *W. Phipps*, M. D.

10/28, 1927 (Address) *Canthussville, 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

DATE OF BURIAL

Taylor Cemetery *9-28 1927*

20. UNDERTAKER *J. H. Smith*

ADDRESS *Canthussville*

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

