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

Do not use this space.

7634

23 1928

1. PLACE OF DEATH

County Andrew — Registration District No. 13 — File No. 24

Township — Primary Registration District No. 4070 — Registered No. 20

City Savannah, (No. Dr. Nichols Sanitorium St. Ward)

2. FULL NAME Seth Abbott,

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

Length of residence in city or town where death occurred yrs. mos. 4 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)
Male	White	Married,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 22, 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	72	7	12	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wood County,
(STATE OR COUNTRY) West Virginia,

PARENTS

10. NAME OF FATHER Abner Abbott,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Virginia,

12. MAIDEN NAME OF MOTHER Mary Slocum,

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

14. INFORMANT J. O. Forrest 366 South 31st. Street,
(Address) Lincoln, Nebraska

15. FILED Mch 6 1928 G O Jefferies REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 4 1928

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1928, to March 4, 1928 that I last saw him alive on March 4, 1928, and that death occurred, on the date stated above, at 3 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

934

(duration) (3) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 900

(duration) yrs. mos. ds.

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

O DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical finding

3/4 (Signed) G. Metheny, M.D

, 1928 (Address) Savannah 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
Lincoln, Nebraska,	Mch. 7th 1928

20. UNDERTAKER	ADDRESS
Frank J. Bowman	Savannah, 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.