

7 1928  
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.

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

Do not use this space.

22758

1. PLACE OF DEATH

County Stoddard  
Township Richland  
City                      (No.                     )

Registration District No. 839  
Primary Registration District No. 6101

File No.                       
Registered No. 24  
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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) 4-22-1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 1 1 25                                                               

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer                     

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Stoddard Co. Mo

10. NAME OF FATHER Stark L. Abbott

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

12. MAIDEN NAME OF MOTHER Emur Mathis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New Madrid Co. Mo  
(STATE OR COUNTRY)

14. INFORMANT Stark L. Abbott  
(Address) Box R #2 Mo

15. FILED 6/18/28 J. P. Brandon REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-17 1928

17. I HEREBY CERTIFY, That I attended deceased from 4-28 1928, to 6-19 1928, that I last saw him alive on 6-10 1928, and that death occurred, on the date stated above, at 6:30 o'clock p.m.

13C THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Asphyxiation  
160 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)                      (duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF                     

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. P. Brandon, M. D.

, 1928 (Address) Emp. 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 6-18 1928  
20. UNDERTAKER ADDRESS J. A. White Bloomfield

