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

Do not use this space.

22784

JUL 10 1928

PLACE OF DEATH

County Texas — Registration District No. 862 — File No.

Township Burdine — Primary Registration District No. 6135 — Registered No. 18

City Cabool (No. ..... St. ..... Ward)

2. FULL NAME Katherine Agnes Abbott

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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) April 30 1927

7. AGE: Years 1 — Months 1 — Days 29 — If LESS than 1 day, ... hrs. or ..... min.

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) Lebanon Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Rayford Abbott

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Howell County Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Carrie Farrar

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mt. View Mo
(STATE OR COUNTRY)

14. INFORMANT Rayford Abbott
(Address) Cabool

15. FILED June 28 1928 G. W. Doyle REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27 1928

17. I HEREBY CERTIFY, That I attended deceased from June 23, 1928, to June 27 1928 that I last saw her alive on June 27, 1928, and that death occurred, on the date stated above, at 4 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Whooping Cough

9

107A (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Bronchial Pneumonia

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

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

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. B. Cavalier, M. D

, 19 (Address) Cabool 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: Cabool Cemetery — DATE OF BURIAL: June 28 1928

20. UNDERTAKER: Gay Cord & Elliott — ADDRESS: Cabool

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.