6 23 1928

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

Do not use this space.

23472

File No.
Registered No. 556

1. PLACE OF DEATH

County Franklin — Registration District No. 297
Township — Primary Registration District No. 3016
City Washington (No. , St. , Ward)

2. FULL NAME William Abbington

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

Length of residence in city or town where death occurred 59 yrs. 6 mos. 9 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	Negro	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 15, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	6	9	

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

9. BIRTHPLACE (CITY OR TOWN) Washington, Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER William Abbington
11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Susan Callaway
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Marthasville,
(STATE OR COUNTRY) Missouri.

14. INFORMANT B. F. Abbington
(Address) Jefferson City, Mo.

15. FILED July 25, 1928 O. L. Munch
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 23 1928

17. I HEREBY CERTIFY, That I attended deceased from July 21, 1928, to July 23, 1928, that I last saw him alive on July 23, 1928, and that death occurred, on the date stated above, at 7 00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Cardiac Failure.
C/ 93A
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) not known
(duration) yrs. mos. ds.

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) Frank G. Mays M. D
, 19 (Address) 209 W 4th Washington

*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. No.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL City Cemetery — DATE OF BURIAL 7-25 1928

20. UNDERTAKER Otto & Co. — ADDRESS Washington, 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.

Any item of information should carefully supplied. AGE should be stated EXACTLY
DATE [illegible] main form [illegible] be [illegible] statement

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
County Franklin — Registration District No. 297 — File No.
Township — Primary Registration District No. 3016 — Registered No. 56
City Washington (No. ..., ... St. ... Ward)

2. FULL NAME William Abbington
(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: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): M

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

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

7. AGE — YEARS — MONTHS — DAYS — 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)
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED July 25 1928 O. L. Munch
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 23 1928

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Cardiac Failure
Myocarditis, Acute
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) Not Known
(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) Frank G. Mays M. D.
, 19 (Address) 309 W 4th St Washington 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 19

20. UNDERTAKER — ADDRESS

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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