

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

Do not use this space.

31440

1. PLACE OF DEATH

County St. Charles
Township Callaway
City St. Charles (No.)

Registration District No. 759
Primary Registration District No. 6000

File No.
Registered No. 15
St. Ward

2. FULL NAME

James Julius Abington
(a) Residence No. 1 Montgomery (RR mile) 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

Black

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)

Dec. 13 - 1924

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

3

9

1

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)

St. Charles Co. Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

James Abington

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

St. Charles Co. Mo.

12. MAIDEN NAME OF MOTHER

Rosetta Oley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

St. Charles Co. Mo.

PARENTS

14.

INFORMANT

(Address)

Mary Oley
Montville Mo.

15.

FILED

15

Sept 15, 1928 O.A. Mulum

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Sept. 14 1928

17.

I HEREBY CERTIFY That I attended deceased from Sept 5th 1928 to Sept 14 1928 (that I last saw him alive on Sept 10 1928, and that death occurred, on the date stated above, at 7:5 A M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Epidemic Enteritis
Dysentery
18c.
1908 (duration) yrs. mos. 10 da.

CONTRIBUTORY (SECONDARY)

16c (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

5 DID AN OPERATION PRECEDE DEATH? 7/1 DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) O.A. Mulum M.D.

Sept 15, 1928 (Address) New Melle 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

St. Charles Co.

Sept 16 1928

20. UNDERTAKER

Martin Oley

ADDRESS

Montville 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.

