

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

Do not use this space.

Bedford
33108

1. PLACE OF DEATH

County *Cree*
Township *Jefferson*
City *Jefferson*

213

Registration District No.
Primary Registration District No. *3014*

File No.
Registered No. *2524*
St. Ward

2. FULL NAME

David Theodore Abbott
(a) Residence. No. *801 Mulberry* St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred *40* yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mary L. Johnson*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June 11-1848*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 4 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *merchant*
(b) General nature of industry, business, or establishment in which employed (or employer) *Retired*
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Maryland*
(STATE OR COUNTRY)

10. NAME OF FATHER *J. M. Abbott*

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

12. MAIDEN NAME OF MOTHER *Sarah Pugh*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Penn.*
(STATE OR COUNTRY)

14. INFORMANT *Miss Frank Shelton*
(Address) *801 Mulberry*

15. FILED *10/24/28* *S. V. Bedford*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Oct 22 1928*

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw him alive on 19....., and that death occurred, on the date stated above, at
8-29

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1848 Bronchial pneumonia
10/11

CONTRIBUTORY (SECONDARY) *10/11*

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) *S. V. Bedford*, M. D.
, 19 (Address) *Jefferson City 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

Johnson Cem

20. UNDERTAKER *Hawson & Tamm*

DATE OF BURIAL *10/24/28*
ADDRESS *Jefferson City 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.

