

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

Do not use this space.

37873

1. PLACE OF DEATH

County Putnam
Township Unionville
City Unionville (No.) (St.) (Ward)

Registration District No. 714
Primary Registration District No. 6430

File No.
Registered No. 44

2. FULL NAME

Napoleon Bradford Abbott

(a) Residence. No. St. Ward.
(Usual place of abode)

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

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Rebecca Abbott

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

July 1 - 1833

7. AGE

95

4

12

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

retired farmer

(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)

Illinois

PARENTS

10. NAME OF FATHER

William Abbott

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

Illinois

12. MAIDEN NAME OF MOTHER

Johnson

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

Illinois

14.

INFORMANT Rebecca Abbott
(Address) Unionville, Missouri

15.

FILED 11-14-1928 J. H. Hahn
REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 13 - 1928

17.

I HEREBY CERTIFY, That I attended deceased from Nov. 2 - 1928, to Nov. 13 - 1928 that I last saw him alive on Nov. 13 - 1928, and that death occurred, on the date stated above, at 4-30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
102.101.0

CONTRIBUTORY (SECONDARY)

aldage

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) E. Geisinger, M. D.

Nov 14 - 1928 (Address) Unionville, 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

Shipby Cem.

DATE OF BURIAL

Nov 15 - 1928

20. UNDERTAKER

L. O. Husted & Son

ADDRESS

Unionville Mo.

