

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

Do not use this space.
5202
FEB 25 1929

108
0
0
63
2
2
2
2

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.

1. PLACE OF DEATH
 County Vermon Registration District No. 875
 Township W... Primary Registration District No. 6162
 City (No.) St.

2. FULL NAME Eddie G. Abbey
 (a) Residence No. State Hospital # 3 St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 3 yrs. 11 mos. 2 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) divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF not known

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 2 7

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 9 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 2 1928, to Jan 9 1929
 that I last saw him alive on 11 11 1929, and that death occurred, on the date stated above, at 8:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronche pneumonia

107A (duration) yrs. mos. ds. 8

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) T. T. O'Neil, M. D.
 , 1929 (Address)

*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 Hospital Coner DATE OF BURIAL 1/14 1929
 20. UNDERTAKER Terry Funeral Home Nevada Mo ADDRESS

9. BIRTHPLACE (CITY OR TOWN) W. Va. (STATE OR COUNTRY)

10. NAME OF FATHER Wm. Abbey

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

12. MAIDEN NAME OF MOTHER Eliz. Matton

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

14. INFORMANT A. B. Abbey (Address) Monett Mo.

15. FILED Jan 9 1929 E. B. King REGISTRAR

