

MAR 21 1929

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

6033

1. PLACE OF DEATH

County Dunklin
 Township Cotton Hill
 City Malden (No. _____)

Registration District No. 289
 Primary Registration District No. 4173

File No. _____
 Registered No. 15
 St. _____ Ward _____

2. FULL NAME

Henry Carroll Abney

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Marinda Abney

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 4, 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
77 11 6

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Saline County
 (STATE OR COUNTRY) Ill.

10. NAME OF FATHER Wm Abney

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

12. MAIDEN NAME OF MOTHER Mary Rice

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

14. INFORMANT Marinda Abney
 (Address) Malden, Mo.

15. FILED 2-11-1929 S.E. Mitchell
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-10-1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1929 to Feb 10, 1929
 that I last saw him alive on Feb 8, 1929, and that death occurred, on the date stated above, at 5 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
IIA
101A
 (duration) yrs. mos. 3.3 da.

CONTRIBUTORY (SECONDARY) Broncho Pneumonia
 (duration) yrs. mos. 10 da.

18. WHERE WAS DISEASE CONTRACTED 101A
 IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms

(Signed) S.E. Mitchell, M. D.

2/12-1929 (Address) Malden 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

Malden Cemetery 2-12-1929

20. UNDERTAKER ADDRESS

H. Craig Malden Mo

S.E.M.

