

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

PLACE OF DEATH

County Anderson Co.
 Township Salmon
 City Mexico mo. (No.)

Registration District No. 26
 Primary Registration District No. 3002

File No. 9419
 Registered No. 40
 St. Ward)

2. FULL NAME Lettie Abbingston
 (a) Residence. No. 440 W. Promenade St. 3rd 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bert Abbingston
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov - Nov 10 - 1891
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
38
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Montgomery City Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Livi Abbingston
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 12. MAIDEN NAME OF MOTHER Jane Jones
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Mo

14. INFORMANT (Address) Bertha Gay Mylar
 15. March 22 1929 Ira S. Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 23rd 1929
 17. I HEREBY CERTIFY That I attended deceased from March 17, 1929, to March 23, 1929, that I last saw her alive on March 23, 1929, and that death occurred, on the date stated above, at 7:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Felr. Pneumonia
and scarlet fever
March 17-29
 (duration) yrs. mos. ds. 9

CONTRIBUTORY (SECONDARY) Scarlet fever
 (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED? At home
 IF NOT AT PLACE OF DEATH.
 DID AN OPERATION PRECEDE DEATH? NO DATE OF
 WAS THERE AN AUTOPSY? NO
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) H. S. Rutledge M. D.
 , 19 (Address) Mexico 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
Mexico MO 3-25 1929
 20. UNDERTAKER ADDRESS
H. A. Pickett & Son Mexico 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.

DEC 11 1948