

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

Do not use this space.

31228

79

1. PLACE OF DEATH

County Lafayette
Township Livingston
City Livingston (No. 461)

Registration District No. 3024

Primary Registration District No. 3024

File No. 79

Registered No. _____

St. _____ Ward _____

2. FULL NAME

Elizabeth Rebecca Abel

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Widowed

SA. IF MARRIED, WIDOWED, OR DIVORCED
(husband or wife of)

Richard Abel

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

April 15, 1874

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

85

5

15

8. OCCUPATION OF DECEASED

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

At Home

(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)

Washington

10. NAME OF FATHER

John R. Owen

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Livingston

12. MAIDEN NAME OF MOTHER

North Carolina

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

John Trotter

North Carolina

PARENTS

14. INFORMANT

(Address)

Tom Cox
Livingston Mo

15. DATE

Sept 30, 1929

J. D. Cope

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Sept 30, 1929

17.

I HEREBY CERTIFY That I attended deceased from Sept 28, 1929, to Sept 30, 1929, that I last saw him alive on Sept 29, 1929, and that death occurred, on the date stated above, at 3:35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bulbar paralysis

CONTRIBUTORY (SECONDARY)

Tuberculosis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic

(Signed) H. M. Randall M. D.

(Address) Livingston 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

Livingston Mo

Oct 2, 1929

20. UNDERTAKER

Arnest Fugert

ADDRESS

Livingston 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

