

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

Do not use this space.

6914

1. PLACE OF DEATH

County..... Platte

Registration District No. 698

File No.

Township.....

Primary Registration District No. 5926

Registered No.

City..... (No.)

St. Ward)

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

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

Single

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

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

Dec 20 1908

7. AGE

YEARS

MONTHS

DAYS

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

24

1

29

8. OCCUPATION OF DECEASED

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

clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

Hardware & Garage

(c) Name of employer

H. B. Allen

9. BIRTHPLACE (CITY OR TOWN)

Kentucky

(STATE OR COUNTRY)

10. NAME OF FATHER

Bruce Abbott

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Kentucky

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Lena Hill

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Kentucky

(STATE OR COUNTRY)

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

2/19/ 1930

17.

I HEREBY CERTIFY, That I attended deceased from

2-14-, 1930, to 2-19, 1930

that I last saw him alive on 2-19, 1930, and that death occurred, on the date stated above, at 1:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Epidemic Spinal Meningitis
18
(duration) yrs. mos. 5 da.

CONTRIBUTORY (SECONDARY)

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? Lumbar Puncture

(Signed) B.E. Greer, M.D.

, 19 30 (Address) Weston 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

Lena Hill

2/19/ 1930

20. UNDERTAKER

ADDRESS

Dr. Bruce

Weston Mo

14. INFORMANT

(Address)

Bruce Abbott
Weston Mo

15. FILED

2/19/30

J. P. Bone

REGISTRAR

Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important.

