

N. B.—Every item of information should be carefully supplied. AGE shown in state records. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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

9541

1. PLACE OF DEATH

County Miller
Township Union
City Bell (No. 30)

Registration District No. 364
Primary Registration District No. 3755

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

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) 2/18/1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 4 1 18

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Miller Co
(STATE OR COUNTRY)

10. NAME OF FATHER Shirley Elmer Abbott

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

12. MAIDEN NAME OF MOTHER Miller

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

14. INFORMANT Shirley E. Abbott
(Address) Trunked R

15. FILED 3/31 1930 CTH REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/30 1930

17. I HEREBY CERTIFY, That I attended deceased from 3/17 1930, to 3/30 1930, and that I last saw him alive on 3/26 1930, and that death occurred, on the date stated above, at 12:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
following influenza
10/14 (duration) yrs. mos. ds. 15

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? 110 DATE OF _____

WAS THERE AN AUTOPSY? 110

WHAT TEST CONFIRMED DIAGNOSIS? Serum
(Signed) J. H. Brown M. D.
, 19 30 (Address) Trunked R

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Mount Zion 4-1 1930

20. UNDERTAKER ADDRESS

Adam E. Carey Trunked R

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.