

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

Do not use this space.

9910

1. PLACE OF DEATH

County Randa?ph Registration District No. 735
Township..... Primary Registration District No. 3034
City Moberly (No. 318....., Wisdom)

File No.....
Registered No. 303
Sl..... Ward)

2. FULL NAME Elmer R. Abbitt

(a) Residence. No. 318 Wisdom 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 male 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 Anna Rose Abbitt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19th 1891

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,..... hrs. or..... min.
	38	9	11	

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)

(STATE OR COUNTRY) Mo

10. NAME OF FATHER Chas. Abbitt

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

12. MAIDEN NAME OF MOTHER Mary E Elliott

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

14. INFORMANT Mrs Anna Rose Abbitt
(Address) Moberly Mo

15. FILED 2-30, 1930 Dr. Thos S. Fleming
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 30th 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 25..... 1930, to Mar 30..... 1930 that I last saw him alive on Mar 30..... 1930 and that death occurred, on the date stated above, at 9:45 P...... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
108
57A
196 (duration)..... yrs..... mos. 5 da.
CONTRIBUTORY (SECONDARY)..... (duration)..... yrs..... mos..... da.

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 Usual Clinical

(Signed) P. Dario..... M. D.
3-30..... 1930 (Address) Moberly 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 Moberly DATE OF BURIAL 4-2nd 1930

20. UNDERTAKER Mahan and Son ADDRESS Moberly Mo

N. E.—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.

... WITH UNFADING INK---THIS IS A PERMANENT RECORD

SECRET

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1. PLACE OF DEATH

County Randolph Registration District No. 735 File No.
 Township Moberly Primary Registration District No. 3034 Registered No. 303
 City Moberly No. 318 Wisdom St. Ward)

2. FULL NAME

Elmer R. Abbitt
 (a) Residence. No. 318 Wisdom 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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 30th 1930

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

17. I HEREBY CERTIFY, That I attended deceased from
, 19....., to, 19.....
 that I last saw h..... alive on, 19....., and that death occurred, on the date stated above, at.....

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

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

CONTRIBUTORY (SECONDARY) Chronic Arthritis
 (duration) 10 yrs. mos. da.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY?.....

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

PARENTS

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) R. C. Davis M. D
4-10-30 (Address) Moberly mo

14. INFORMANT
 (Address)

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

15. FILED 4-10-30 Dr. Thos. S. Fleming
 REGISTRAR

20. UNDERTAKER ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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1. PLACE OF DEATH

County Randolph Registration District No. 735 File No. _____
 Township _____ Primary Registration District No. 3934 Registered No. 303
 City Moberly (No. 318) Wisdom St. _____ (Ward) _____

2. FULL NAME

(a) Residence. No. 318 Wisdom 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 male 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 Anna Rose Abbott

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19, 1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
38 | 9 | 11 | _____

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) _____ (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Chas Abbott

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

12. MAIDEN NAME OF MOTHER Mary E Elliott

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

14. INFORMANT Mrs Anna Rose Abbott (Address) Moberly, Mo.

15. FILED 2-27-30 Dr. Thos S Fleming REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY, That I attended deceased from Mar 25, 1930 to Mar 30, 1930
 that I last saw alive on Mar 30, 1930, and that death occurred, on the date stated above, at 9:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia

CONTRIBUTORY (SECONDARY) Chronic Arthritis & Gunshot wounds, received in service in world war in France. (duration) 6 yrs. mos. ds. 12 yrs. mos. ds.

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? Usual Clinical

(Signed) Ed Davis M. D.

(Address) Moberly, 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 Moberly DATE OF BURIAL 4-2, 1930

20. UNDERTAKER Mahan & Son ADDRESS Moberly Mo

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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