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

Do not use this space.

85

17217

1. PLACE OF DEATH

County Buchanan Registration District No. File No.

Township Primary Registration District No. 1001 Registered No. 564

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Bertha Ernestine Abbett,

(a) Residence. No. (Usual place of abode) St., Ward. Troy, Kansas, R.F.D.# 2 (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married,

5a. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF John M. Abbett,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 18, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	10	8	

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) Fathona,

(STATE OR COUNTRY) Kansas,

PARENTS

10. NAME OF FATHER William A. Benitz,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,

(STATE OR COUNTRY) Germany,

12. MAIDEN NAME OF MOTHER Sarah Sinker,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Fathona,

(STATE OR COUNTRY) Kansas,

14. INFORMANT John M. Abbett

(Address) R.F.D.# 2, Troy, Kansas.

15. FILED MAY 27 1931 John R. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 26 1931

17. I HEREBY CERTIFY, That I attended deceased from May 25, 1931, to May 26, 1931, that I last saw h.. alive on May 26, 1931, and that death occurred, on the date stated above, at 7:55 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Rupture of Omentum —
Rupture of Pancreas
Hemorrhage into Peritoneum
Peritonitis (general) (duration) yrs. mos. 4 ds.

CONTRIBUTORY — Fracture Left Clavicle
(SECONDARY)
(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Blair Kansas

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 5/25/31

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) J. H. Thompson M. D

5/27 1931 (Address) 425 Charles St. St. Joseph 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. Accidental Auto accident

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Troy, Ks. via auto — DATE OF BURIAL: May 28, 1931

20. UNDERTAKER: Heaton-Bridgeford-Bowman Funeral Home — ADDRESS: 319 S. 10 St.

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