

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

Do not use this space.

10283

1. PLACE OF DEATH

County..... Registration District No. 1701
Township..... Primary Registration District No. 4040
City St. Louis (No. 4040) Westminster Ward.....

File No.....
Registered No. 2303
St..... Ward.....

2. FULL NAME

Laura F. Abbott
(a) Residence, No. #4040 Westminster Ward. 19
(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

SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm H Abbott</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 23, 1850</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>5</u>
	DAYS <u>14</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....	
	10. Date deceased last worked at this occupation (month and year).....	
11: Total time (years) spent in this occupation.....		
12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
FATHER	13. NAME <u>Louis Peters</u>	
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Mary S. Peters</u>	
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>France</u>	
17. INFORMANT (ADDRESS) <u>Wm H. Abbott</u> <u>#4140 Westminster</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine</u> DATE <u>Mch 10, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>D. P. Lupton & Sons</u> <u>#4429 Olive St</u>		
20. FILED 19 <u>1932</u> <u>Mar 10</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to March 8, 1932
I last saw her alive on March 8, 1932 Death is said to have occurred on the date stated above, at 11 A. M.
The principal cause of death and related causes of importance were as follows:
Atherosclerosis
Chronic Interstitial Nephritis
Uremia
Date of onset
1925
1925
March 6, 32

Other contributory causes of importance:
151

Name of operation none Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) M E Jones, M. D.
(Address) 1500 Olive 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.

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

