

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

Do not use this space.

20505

File No.

Registered No.

St. Ward)

1. PLACE OF DEATH

County Pulaski
Township Piney
City (No.

Registration District No. 714

Primary Registration District No. 5443

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. 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 Martha Abbott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12, 1858

7. AGE YEARS 73 MONTHS 6 DAYS 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) 1920 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Va.

13. NAME William A. B. Abbott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Virginia

15. MAIDEN NAME Martha Meadows

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Dr. E. Abbott

18. BURIAL, CREMATION, OR REMOVAL

PLACE Palace DATE June 26, 1932

19. UNDERTAKER (ADDRESS) Page Bros & Co.

20. FILED 1-9- 1932 S. B. Koonce Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1932

22. I HEREBY CERTIFY That I attended deceased from June 30, 1930, to June 25, 1932. I last saw him alive on May 25, 1932. Death is said to have occurred on the date stated above, at 8:20 A.M.

The principal cause of death and related causes of importance were as follows:

Cardio-vascular-Renal disease Date of onset About 1925

131 A / 31

Other contributory causes of importance: Hernia inguinal, direct about 1800

Name of operation none Date of 0

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury 0, 19 0

Where did injury occur? 0 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify C. Wallitt

(Signed) C. Wallitt, M. D.

(Address) Crocker

