

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.

NOV 25 1932

Turner

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

Do not use this space.

32867

1. PLACE OF DEATH

61 County Macon
7 Township Macon
4 City Macon (No.)

Registration District No. 533
Primary Registration District No. 3027

File No.
Registered No. 71
St. Ward.

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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14 1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
90 6 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired housewife
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) Adelwood Co, Mo

FATHER 13. NAME James Hatfield

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Harrett Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Miss Ross Abbott
Macon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lighten Cem DATE 10-9-32

19. UNDERTAKER (ADDRESS) Stephens & Gooding
Macomb, Mo.

20. FILED 10/31 1932 Mrs Luke Funkler
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/5/32, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-21 to 10/5/32. I last saw him alive on 10/5/32. Death is said to have occurred on the date stated above, at 12:30 pm.

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

Broncho-pneumonia Date of onset 10/1/32
10-7-32
10-7-32

Other contributory causes of importance: Arterio-sclerosis ① 1922

Name of operation Chinical Date of
What test confirmed diagnosis Chinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury
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) J F Turner M. D.
(Address) Macon, Missouri

